

SKULL BASE SURGERY SOCIETY OF INDIA

NOMINATION FORM FOR ELECTIONS

(Please fill in capital letters)

Name of Post : _____

Name of Applicant : _____

Address : _____

E-mail : _____ Phone /Mobile No. _____

Speciality _____ Degree _____

Proposed By

Seconded By

Name : _____

Name : _____

Address : _____

Address : _____

Email : _____

Email : _____

Signature _____

Signature _____

I, Dr. _____ hereby give my consent
for my nomination for the post of _____

Date : _____

Signature _____

Important Instruction : Please enclose a brief one page bio-data highlighting the Work done in the field of Skull Base. The completed form should reach the Secretary by **31st May, 2010 by post.**

Form can be Xeroxed and mailed.