



# INDIAN SOCIETY OF ANAESTHESIOLOGISTS

CHENNAI CITY BRANCH

Email :isachennaicity2016@gmail.com, Web : isachennaicity.in

Date : 19-05-2018

**President**

PROF.DR.ANURADHA MAHENDER  
9841280396

**Vice President**

PROF.DR.KUMUDHA LINGARAJ  
9884658240

**Secretary**

PROF.DR.N.BASKER  
9443686001, 9884567673

**Joint Secretary**

DR. SRI VIKRAM PRABU S  
9841961186

**Treasurer**

DR.S.GIRIDHARAN  
9444102181

**EC Members**

DR.N.V.MADHAVA KRISHNA  
9940584112

DR. D.S.KARTHIKA SAILAKSHMI  
9444033837

DR.K.VIJAYANAND  
9840104032

DR.J.JAYAPRAKASH  
9962818286

DR.C.R.SARAVANAN  
9884001153

DR.K.KARTHIK  
9884360796

**Address for correspondence**

Dr.N.Basker

59/143-P,Bangaru street,  
Near Sayani Complex,  
Ayanavaram, Chennai - 600023.  
Ph: 9443686001, 9884567673

**Dear ISA member**

Wishing you all a good day.We invite applications for the post of PRESIDENT and VICE-PRESIDENT to ISA CHENNAI CITY BRANCH,year 2018-19.

Kindly send the filled in application to [isachennaicity2016@gmail.com](mailto:isachennaicity2016@gmail.com)  
The last date of receipt of application is 20-06-2018.The last date of withdrawal of application is 30-06-2018.

**The application form is also available at our website**

**[www.isachennaicity.in](http://www.isachennaicity.in)**

**Thanking you**

**Yours truly**

**Dr.N.Basker**

**Secretary**

**ISA Chennai city branch**



**For President / Vice President**  
**INDIAN SOCIETY OF ANAESTHESIOLOGISTS**  
**NOMINATION FORM - 2018**

I Propose the name of Dr.....ISA No.....of.....City  
Branch.....State Branch as President / Vice President of the  
Indian society of anaesthesiologists for the year 2018-19.

Proposer's Name :.....  
Address :.....  
.....  
.....

ISA No :.....  
Mob :.....  
Email ID :.....

\_\_\_\_\_  
Signature of Proposer

Secunder's Name :.....  
Address :.....  
.....  
.....

ISA No :.....  
Mob :.....  
Email ID :.....

\_\_\_\_\_  
Signature of Secunder

I give my consent to the above proposal and promise that I shall abide by the rules and regulations of the Indian society of Anaesthesiologists.

I am a life Member of ISA since.....for.....Years.

I was a member of Governing Council during.....

I have attended & signed AGBM attendance register in the following General Body Meetings. (please Put ✓ Mark against places) S. No.(to be mentioned).

2013 - Guwahati  S.No.   
2015- Jaipur  S.No.   
2017- Kolkota  S.No.

2014 - Madhurai  S.No.   
2015- Ludhiana  S.No.

Name :

Phone/Mobile No.

Postal Address:

Email ID :

Place :

Date :

*Details of Election deposit made*

Signature of the Candidate

*Candidate, Proposer and Secunder must be active Life Member and their Name should appear in the valid voter list  
(of the Zone in case Zonal GC)*