



INDIAN SOCIETY OF ANAESTHESIOLOGISTS

CHENNAI CITY BRANCH

Website: www.isachennaicity.in

Email ID: isachennaicity2016@gmail.com

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

Application form for Elections ISA Chennai City branch

Date: _____

To

The Chief Election Officer
ISA Chennai City branch

Photo

I am interested in contesting elections of ISA Chennai city branch for the following Post.

1. President _____
2. Vice President (President Elect) _____
3. Honorary Secretary _____
4. Honorary Treasurer _____
5. Joint Secretary _____
6. EC Member _____

Here are my details:

Name: _____

ISA no: _____

Duration of ISA Membership: _____

Email: _____

Mobile no: _____

Details of GBM attended at:

- 1.
- 2.
- 3.
- 4.
- 5.



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I have served my _____ city branch as
_____ for the year _____.

Number of meetings attended in your local branch in the year 2019 _____ %.

All the above information furnished by me is correct to my knowledge and I am aware that if it found incorrect necessary action can be taken against me.

Please accept my application and allow me to contest the election.

Proposer:

1. _____
Name ISA no. Signature

2. _____
Name ISA no. Signature

Yours Sincerely,

Signature

Name

Date