

CHENNAI SOCIETY OF ANAESTHESIOLOGISTS

Registered under Tamilnadu Societies Registration Act (86/2019) Email: isachennaicity2016@gmail.com

President

Dr.R.Lakshmi 93805 35766

Vice President

Dr.llango Ganesan 98841 49429

Secretary

Dr.V.J.Karthik 9884568969

Joint Secretary

Dr.A.Niranjan Kumar 9444273055

Treasurer

Dr.K.Senthil Kumar 9498091621

EC members

Dr.D.Ashok Kumar 8667339398 Dr.M.Bhavani 9444754814 Dr.J.Jayaprakash 9962818286

Dr.B.Kanchanamala 9444059395

Dr.M.Nanthaprabhu

9790629459

Dr.P.Ravindra Kumar 9840666368

Dr.J.Saravanan

9952055985

Dr.K.Vijayanand 9840104032

Address for correspondence:

Dr.V.J.Karthik, K12, Agastya apartment, T.H.Road, Tondiarpet, Chennai - 600081.

APPLICATION FORM FOR ELECTIONS ISA TAMILNADU STATE: CHENNAI CITY BRANCH 2022.

Date:

To
The Chief Election Officer,
ISA CHENNAI CITY BRANCH.

Photo

I am interested in contesting elections of Chennai City branch post (fill appropriately) for the of President Elect post

| <u>Details</u> | ; |
|----------------|---|
| Name: | |

DESIGNATION:

ISA No:

Date of membership & Duration of ISA membership:

Email Mobile no.

Address:

Details of GBM attended at

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



CHENNAI SOCIETY OF ANAESTHESIOLOGISTS

Registered under Tamilnadu Societies Registration Act (86/2019) Email :isachennaicity2016@gmail.com

President

Dr.R.Lakshmi 93805 35766

Vice President

Dr.llango Ganesan 98841 49429

Secretary

Dr.V.J.Karthik 9884568969

Joint Secretary

Dr.A.Niranjan Kumar 9444273055

Treasurer

Dr.K.Senthil Kumar 9498091621

EC members

Dr.D.Ashok Kumar 8667339398 Dr.M.Bhavani 9444754814

Dr.J.Jayaprakash 9962818286

Dr.B.Kanchanamala 9444059395

Dr.M.Nanthaprabhu 9790629459

Dr.P.Ravindra Kumar

9840666368 Dr.J.Saravanan

9952055985 Dr.K.Vijayanand 9840104032

Address for correspondence:

Dr.V.J.Karthik, K12, Agastya apartment, T.H.Road, Tondiarpet, Chennai - 600081. All the above information furnished by me is correct to my knowledge and I am aware that if it found uncorrected necessary action can be taken against me. Kindly accept my application and allow me to contest election.

Proposer 1 : Dr. ISA NO SIGNATURE

Proposer 2 : Dr. ISA NO SIGNATURE

Yours sincerely

)

Date:

** Hard copy of application to be sent to: Corresponding address of ISA

CHENNAI City branch

Dr V.J, KARTHICK

Hon.Secretary,

K-12, AGASTYA APARTMENTS,

T.H. ROAD,

TONDIARPET, CHENNAI - 600 081.

ISA CHENNAI City Branch.

** Soft copy to be sent to

1.CEO of city branch: email id.....

2.Hon.Secretary email id of city branch vannujagadishkarthik@gmail.com

3.CEO of ISA TAMILNADU

drmk@aol.in

4.Hon.Secretary,ISA TAMILNADU

secretaryisatn@gmail.com

** Kindly refer to www.isaweb.in for rules and regulations on election process

** Applications (Hard copy & Soft copy) must reach on or before 30-06-2022, 5 PM to above mentioned correspondence address and email id of respective city branch, State (CEO Tamilnadu, CEO city branch, Hon. Secretary of city branch, Hon. Secretary of State branch)