



INDIAN SOCIETY OF ANAESTHESIOLOGISTS

(FOUNDER MEMBER OF THE WORLD FEDARATION OF SOCIETIES OF ANAESTHESIOLOGISTS)

National Secretariat : "Ashwathi", Opp. Ayyappa Temple, Nullippady, Kasaragod - 671 121, Kerala.

Tel : 04994 - 227395. Mob. : +91 9388030395 (Hon. Secretary).

E-mail : secretaryisanhq@gmail.com / isanhq@gmail.com / isanhq@isaweb.in

PROFORMA APPLICATION FOR BIDDING ISA NATIONAL CONFERENCE VENUE - 2018

1. Name of the City Branch Bidding for Conference Venue :
2. Name of the State Chapter Bidding for Conference Venue :
3. Name of the place where Conference will be Conducted :
4. Number of Members in the Branch :
5. Name of the Organising Chairman (of the proposed conference) :
6. Name of the Organising Secretary (of the proposed conference) :
7. Financial Status of the Branch (Attach audited a/c of last 3 years) :
8. Is the Conference to be held at Institutional Building or Commercial area :
9. Do you have man-power to meet the needs of the Conference :
10. Adequate Accommodation available to near the Venue :
11. What are the Transport Facilities available to reach the Venue :
12. Proposed registration fee from Delegates :
13. Areas of Tourist importance in the surroundings :
14. Will you agree to follow the protocol in conduct of the Conference :
15. Entitlements of Delegates (Pickup, compliments, food etc) :
16. Availability of auditorium & additional halls for Scientific session :
17. Is space avilable for trade & exhibition :

We, Dr..... Organising Chairman and Dr.....
..... Organising Secretary on behalf ofCity Branch &
.....State Chapter accept the responsibility to conduct the 66th ISA National Conference
at.....(place), as per Constitution of ISA and we will be responsible for safe conduct of the
Conference. Accounts of the Conference will be submitted within one calender year of completion of the Conference.

Place: Name & Signature of Organising Chairman.....

Date: Name & Signature of Organising Secretary.....

ENDORSEMENT BY CITY BRANCH

Name & Signature of City Br. President

Seal

Name & Signature of City Br. Secretary

ENDORSEMENT BY STATE CHAPTER

Name & Signature of State Chapter President

Seal

Name & Signature of State Chapter Secretary

LETTER OF AGREEMENT

Place:

To

The Hon. Secretary (ISA NHQ)

Date:

Sir,

1. We (1). Dr..... ISA No..... Organising Chairman, 66th Annual Conference of ISA (2). Dr..... ISA No Organising Secretary, 66th Annual Conference of ISA of City/State chapter, pledge and confirm that we will pay Rs. 20,00,000/- (Rupees Twenty Lakhs) or 10% of the Total Conference income (gross) whichever is higher to ISA National and will Execute a Compliance Proforma on Rs.100/- Non Judicial Stamp paper with this letter to ISA National office for record. We stand to disciplinary action as decidend by NHQ ISA if we fail to fulfill this commitment to ISA. Current Financial State of our City branch is Rs.....
2. We the organizers of ISACON of 2018 agree to suggestions offered by President, Secretary and GC members of ISA regarding venue, facilities in and around, reception, transport, and dispatch of delegates, food and scientific proceeding at the Conference. we have read the protocols of conduct of the conference and know the requirements of the venue.

Signed onday of 2016 in presence of

Witness 1
(Name & Signature)

1. Organising Chairman
(Name & Signature)

Witness 2
(Name & Signature)

2. Organising Secretary
(Name & Signature)

INDIAN SOCIETY OF ANAESTHESIOLOGISTS
ISA - CONTRACT AGREEMENT
CONDUCT OF NATIONAL CONFERENCE
(To be executed on Rs.100/- Non Judicial Stamp Paper)

To
The Hon. Secretary (ISA NHQ)

Place:

Date:

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Signed onday of.....2016 in presence of

Witness 1
(Name & Signature)

1. Organising Chairman
(Name & Signature)

Witness 2
(Name & Signature)

2. Organising Secretary
(Name & Signature)