



**INDIAN SOCIETY OF ANAESTHESIOLOGISTS  
FAMILY BENEVOLENT FUND**

**NOMINATION FORM – 2019**  
**For Executive Member ISA FBF**

I Propose the name of Dr.....

ISA No.....and ISA FBF No.....of.....City

Branch.....State Branch as Executive Member of the Indian Society of  
Anaesthesiologists Family Benevolent Fund for the Year 2019-21 from.....Zone.

Proposer's Name.....

ISA No. ....ISA FBF No.....

Address:.....

.....

Mobile No.....E mail ID.....

Signature of Proposer.....

Seconder's Name.....

ISA No. ....ISA FBF No.....

Address:.....

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Mobile No.....E mail ID.....

Signature of Seconder.....

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 Family Benevolent Fund

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

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

Name :

Phone / Mobile No.:

Postal Address:

Email ID:

Place:

Date:

Signature of the Candidate

*Details of Election Deposit made, Self Attested (Attach Proof)*

*Candidate, Proposer and Seconder must be Members of ISA FBF and their Name should appear in the  
valid voter list*