

SKULL BASE SURGERY SOCIETY OF INDIA

NOMINATION FORM: PRESIDENT ELECT

(Please fill in capital letters)

Name of Post: _____

Name of Applicant: _____

Address: _____

E-mail: _____ Phone / Mobile No: _____

Speciality: _____ Degree: _____

Proposed By

Seconded By

Name: _____

Name: _____

Address: _____

Address: _____

E-mail: _____

E-mail: _____

Signature: _____

Signature: _____

I, Dr. _____ hereby give my consent

for my nomination for the post of _____

Date: _____

Signature: _____

Important Instruction: Please enclose a brief one-page bio-data highlighting the work done in the field of Skull Base. The completed form should reach the Secretary by **31th May 2020** by post.

Form can be Xeroxed and mailed.

Please send to **Prof. Ashish Suri**, Secretary – SBSSI
Professor, Department of Neurosurgery
Room No. 712, 7th floor, CN Center, All India Institute of Medical Sciences,
Ansari Nagar, New Delhi – 110029
Email: skullbasesurgerysociety@gmail.com
With cc to surineuro@gmail.com