INDIAN SOCIETY OF ANAESTHESIOLOGISTS

TELANGANA STATE BRANCH
NOMINATION FORM 2026

I propose the name of Dr _____ _____ ISA Number _____FBF Number_____for the post of of the Indian Society of Anaesthesiologists, Telangana State Branch.

Proposer's Name:

ISA No:

Mobile No:

Email ID:

Address:

Signature:

Seconder's Name:

ISA No:

Mobile No:

Email ID:

Address:

Signature:

We give our consent to the above proposal and promise that we shall abide by the rules and regulations of the Indian Society of Anaesthesiologists.

Candidate:

I am a life member of Indian Society of Anaesthesiologists for 10 years Yes / No
I am a city branch president Yes / No. (for President Elect) If Yes, name of the city branch - _____

I am a Life member of Indian Society of Anaesthesiologists for 5 years (Vice-President, Executive Member posts) Yes / No

I am also a FBF member Yes / No

Name:
ISA No:
FBF No :
Mobile No:
Email ID:
Address:
Payment details:
Transaction id:

Signature Date