



INDIAN ARTHROSCOPY SOCIETY

Application form for the post of office bearer of IAS

Vice President – 1 post/ **Executive Member** – 2 posts/ **Editor** – 1 post

(Strike out what is not required)

APPLICANT INFORMATION

Last Name		First		Middle Name	
Address					
City		State		Pin	
Mobile No. & Residential Number			E-Mail Address		
Position Applied for					
Have you ever been an office bearer of IAS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
IAS Member Number	Number of year since life member of IAS				
Signature					

PROPOSED BY

Please list two IAS references. (Proposed by and seconded by)

1. Full Name					
IAS Membership Number		Phone			
Signature			E-Mail ID		
2. Full Name					
IAS Membership Number		Phone			
Signature			E-Mail ID		

1. All field are mandatory, if incomplete or wrong information will lead to applicant disqualification from the election
2. Should be filled manually & should be in readable format
3. After completing the form, Please scan the form and E-mail it to Honorary IAS Secretary Dr Arumugam on secretary@indianarthroscopy.co.in before 5 pm on 20th Sept 2017. Last date for withdrawal 22nd Sept 2017 till 5 pm