



INDIAN ARTHROSCOPY SOCIETY

Application form for the post of office bearer of IAS

Joint Secretary (Treasurer) – 1 post/ Executive Member – 4 posts

(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 email it to honorary IAS secretary Dr. Swarnendu on swarnendu65@gmail.com before 5pm on 31st December 2020. Last date of withdrawal is 6th January 2021 till 5pm.