



INDIAN NATIONAL ASSOCIATION FOR STUDY OF THE LIVER

NOMINATION FORM FOR INASL GOVERNING COUNCIL

Name and Address of the Candidate _____

Office for which the candidate is nominated _____

Name and Address of the Proposer _____

Date _____

Signature of Proposer _____

Name and Address of the Secunder _____

Date _____

Signature of Secunder _____

CONSENT OF CANDIDATE

If elected to the Governing Council of the Association, I agree to serve on the post to which I am elected, to the best of my abilities and in accordance with the Constitution of the Association.

I declare that I am a Life Member of the Association. I have served / not served as a member of INASL Governing Council in the past. (Strike out what is not applicable).

(Post) _____ (Year) _____ (if applicable)

Date _____

SIGNATURE

Annexure: Full CV and 250-word short CV with current photograph

Completed nomination form and CV must reach to: Prof. Anil Arora, (Add: A-3/192, Janakpuri, New Delhi – 110058, E-mail- dranilarora50@gmail.com) (immediate Past President, INASL and the Chief Electoral Officer) Senior consultant and head of Gastroenterology, Ganga Ram Postgraduate Institute of Medical education and research (GRIPMER) Mobile +919811047385