

Indian Hernia Society

Registration No: 63410/08 (Registered under Registration of Societies Act 1860)

NOMINATION FORM

I, Dr		of	Zone (City),	
	First Name	Middle Name	Last Name	
eligible	fide member of Indian He to contest for any one of	the following posts. I, here	No), and a member of good standing by, forward my nomination for the election to the	
	President Elect (2025) (One year tenure)		
	Vice Presidents (2024) (One year tenure)			
	North Zone East Zone			
	South Zone			
	West Zone			
	Central Zone			
Board i	members			
1. (2024-2026) (Three years tenure)				
	2. (2024-2026)	(Three years tenure)		
	3. (2024-2026)	(Three years tenure)		
I shall	abide by the rules & regu	lations of the Society of End	doscopic & Laparoscopic Surgeons of India.	
	s for correspondence		Signature Full Name: Dr	
Pin Code TEL. No. Email (Essential). Fax No. Mobile No. (Essential)				
	sed by: Dr		Zone	
,	First Name	Middle Name Last Nan		
		(IHS Membership No		
Secon	ded by: Dr	- ————————————————————————————————————	Zone	
	First Name Midd	lle Name Last Name	Signature	
		(IHS Membership No)	

Address for sending the Nomination Form Prof. M.C. Misra

Email: mcmisra@gmail.com and secretary.ihs@gmail.com

The nomination form should reach the Election Commissioner on or before 15th August 2023.

The nomination can be sent to Prof. M.C. Misra by email also (Email id mcmisra@gmail.com) and secretary.ihs@gmail.com