



# INDIAN ARTHROSCOPY SOCIETY

Application form for the post of office bearer of IAS

**Joint Secretary (Treasurer) – 1 post/ Executive Member – 5 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 S R Sundararajan on [Secretaryias2122@gmail.com](mailto:Secretaryias2122@gmail.com) before 5pm on **24th February 2023**. Last date of withdrawal is **28th February 2023** till 5pm.