



# 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-M ail 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-M ail ID				
2.Full Name					
IAS Membership Number		Phone			
Signature	E-M ail 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 S.R. Sundarajan on [secretaryias2122@gmail.com](mailto:secretaryias2122@gmail.com) before 5 pm on 11<sup>th</sup> Jan 2022 .Last date for withdrawal 18<sup>th</sup> Jan2022 till 5 pm