

INDIAN SOCIETY OF ANAESTHESIOLOGISTS

HYDERABAD METRO CITY BRANCH

NOMINATION FORM 2026

I propose the name of Dr _____ ISA
Number _____ FBF Number _____ for the post of
of the Indian Society of Anaesthesiologists, Telangana State Branch.

Proposer's Name:

ISA No:

Mobile No:

Email ID:

Address:

Signature:

Secunder's Name:

ISA No:

Mobile No:

Email ID:

Address:

Signature:

We give our consent to the above proposal and promise that we shall abide by the rules and regulations of the Indian Society of Anaesthesiologists.

Candidate:

I am a life member of Indian Society of Anaesthesiologists for 10 years Yes / No

I am a city branch president Yes / No. (for President Elect) If Yes, name of the city
branch - _____

I am a Life member of Indian Society of Anaesthesiologists for 5 years (Vice-President,
Executive Member posts) Yes / No

I am also a FBF member Yes / No

Name:

ISA No:

FBF No :

Mobile No:

Email ID:

Address:

Payment

details:

Transaction id:

Signature

Date