

INTERNATIONAL SOCIETY OF COLO PROCTOLOGY

Reg. No. MAH- 620/13(N) Reg. No. F - 31367

NOMINATION FORM

| FOR THE POST OF:- | PRESIDENT | SECRETARY 🗌 | JOINT SECRETARY |
|------------------------|-------------|---------------------|------------------|
| | TREASURER 🗌 | VICE PRESIDENT | EXECUTIVE MEMEBR |
| | (| ✓ Tick on the post) | |
| | | | |
| Name: | | | |
| Address: | | | |
| | | | |
| | | | |
| ISCP Membership No. | | | |
| Mobile No | E | Email ID: | |
| Signature With Date: - | | | |
| Proposed By:- | | | |
| Dr | | | |
| | | | |
| ISCP Members | hip No | Signature | Date |
| Seconded By:- | | | |
| Dr | | | |
| | | | |
| ISCP Membersl | hip No | Signature | Date |

ISCP MEMBERSHIP NO. CAN BE FOUND ON – www.iscpindia.org

LAST DATE FOR RECEIVING THE DATE OF 28TH DECEMBER 2022

Nomination form to be sent to the following address.

Dr. Shantikumar D. Chivate Jivan Jyot Hospital, Opposite Shahu Market, Naupada, Thane (West) – 400602 Mobile No.- 9869168730 Email ID- drshantikumar@gmail.com