



# MUMBAI SURGICAL SOCIETY

(Registered under the Societies Registration Act, 1860. Regn. No.:MH GBBSD/398/2015 DT.24.02.2015)  
CITY CHAPTER OF ASSOCIATION OF SURGEONS OF INDIA, MAHARASHTRA STATE



## NOMINATION FORM

### FOR POST OF TREASURER

(ONLY FOR EX CO MEMBERS ONLY)

MSS 2026-27

I, Dr. \_\_\_\_\_ Membership no.: \_\_\_\_\_

Of Mumbai Surgical Society, Mumbai, propose Dr. \_\_\_\_\_

Membership no.: \_\_\_\_\_, for the Post of Treasurer MSS 2026-27.

Signature of Proposer

(With name in capitals)

Mobile no.:

Email:

Date:

Place:

Signature of Seconder

(With name in Capitals)

Mobile no.:

Email:

Date:

Place:

### Declaration by the Candidate

MSS Membership no.:

Year of Joining:

Period in years served as a Member of MSS.

Full address:

If elected, I agree to serve as Treasurer MSS 2026-27.

Signature

Place:

(With Name in Capitals)

Date:

Mobile no.:

Email:

**Verified by:**

**(To be completed by Chief Election Officer after scrutinizing the nomination form)**