**KSCASI ELECTION FOR THE OFFICE BEARERS 2025**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ASI No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Id: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposer: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ASI No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondar: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ASI No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verified By: Secretary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Election officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UTR No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kindly Send the Filled form to Hon. Secretary (Scanned Copy can also be Sent via Email)

**KSCASI ELECTION FOR THE OFFICE BEARERS 2025**

**The Election for the following post will be held on 15th Feb 2025 During AGBM**

**Chairman Elect (Non-Medical college area) –**

**01 Post**

**Hon. Secretary -01 Post**

**Treasurer - 01 Post**

**EC Member (Medical college area) - 06 Posts**

**EC Member (Non-Medical College Area) - 03 Posts**

* **Criteria for Chairman Elect (Non-Medical College area):** Should be from non-medical college area and should not be on the rolls of any medical college. Continuous full life member of ASI for 12 years. One term EC (Includes EC, Secretary, Treasurer, National EC), i.e., Completion of two years of KSCASI EC period with 75% attendance in the EC meetings. He or she should be not convicted by Court (any court), should not have any disciplinary proceedings pending of any of the government agencies or KSC-ASI chapter. Procedural fees of Rs. 4000/- to be paid Online.
* **Criteria for Gon. Secretary & Treasurer:**  Should be EC Member for one Full term of 2 Years. Procedural fees of Rs. 2000/- to be paid Online.
* **Criteria for EC Member:** Should be a member of ASI For minimum 5 Years, Procedural fees of Rs. 1000/- be paid Online. For the Post of EC Member (Non-medical College area) Candidate Should be from non-medical college area and should not be on the rolls of any medical college

**Note: AS PER BYLAW, ALL LEGAL DISPUTES COMES UNDER JURISDUCTION OF BANGLORE**

The application form has to be filled & can be sent by post / E-mail.

Last date for receipt to duly filled & nomination form: **05:00 Pm, 15-01-2025**

Last date for withdrawal of nomination: **05:00 Pm, 17-01-2025**

Procedural fees to be paid online.

**Account details of KSCASI for the Procedural fees Payment:**

**Name: KSCASI**

**A/C No: 8409101103046**

**Bank: Canara Bank**

**Branch: Bellary main Car Street**

**IFSC Code: CNRB0000506**

**Correspondence:**

**Dr. Chandrashekar N**

Hon. Secretary KSCASI,

Professor & HOD, Dept. of Surgery,

Siddaganga Medical College, B H Road,

Near Shivkumarswamiji Circle, Tumkur. 572101

Email: Secretarykscasi@gmail.com Mob: 94480097