

Application form for the formation of State/ Regional Chapter of INASL.

To
The President
Indian National Association for Study of the Liver

We wish to form and register _____ (Name of the State/ Region) Chapter of INASL as per the information given below:

Proposed Name of the State/ Regional Chapter _____
(Proposed Name which would be submitted to Registrar of the society.)

Proposed Name of the Office Bearer with their designations and current place of working:

Chairperson

Name _____ L.M. number _____ Address _____

Vice Chairperson

Name _____ L.M. number _____ Address _____

Treasurer

Name _____ L.M. number _____ Address _____

First Member

Name _____ L.M. number _____ Address _____

Second Member

Name _____ L.M. number _____ Address _____

List of Names of 25 INASL Members from the State along with their LM Numbers to be submitted along with this form.
(Proposed office bearer(s) should have at least spoken to these 25 members.)

Undertaking

I do hereby solemnly affirm and state that:

- a) I am registered as a Life Member of INASL.
- b) I have gone through the entire guidelines for the formation of State/Regional Chapter of INASL.
- c) The information furnished in this form is true and correct to the best of my knowledge and belief.
- d) I also undertake to conduct free and fair elections to duly elect the office bearer of this state chapter with in the six months of its registration with the society of the Registrar.

Signature of the Proposer/Applicant
(With Name and Designation)

Date: