

Proforma for Best City/State/Metro Branch

1. Name of the Branch:
2. Office Address of the Branch:
3. E-mail ID of the Branch:
4. Name of the President:
5. Address of the President & contact Nos:
6. Name of the Secretary:
7. Address of the Secretary & contact Nos:
8. Current Membership strength:
9. New member enrolled in current year:
10. Academic activities-
 - a. Number of CME conducted in the current year:
 - b. CME topics with date:
 - c. Total number of Workshops conducted in the current year:
 - d. Members participated in workshop with date:
11. Administration:
 - a. Number of executive meeting held in current year with date:
 - b. Number of general body meeting held including AGBM:
 - c. Attendance of members in the AGM with date:
 - d. Do you have your own constitution:
 - e. If yes attach a copy of it:
 - f. Furnish your bank detail
(A/C number, FD receipt number, Balance as on 30th November'06):
 - g. Have you sent Annual report to ISA HQ:
 - h. Have you sent Annual Audit report to ISA HQ:
 - i. Do you regularly publish newsletter, if yes send the copy to HQ:
12. Public awareness program – have you conducted any such program this year, furnish brief detail on Topic, type of audience with no:
13. Anaesthesia Day Programmes Conduction:
14. Enrollment of members for FBS:
15. Members Participation in Annual Conference of ISA Conference (ISACON 2005):

The best 'City branch', 'Metro city branch' and 'State Chapter' of ISA will be selected as per the decision of the Governing Council and will be awarded with medal, memento and citation. All recognized City branches; State Branches can compete for this award. The application in the proper format duly completed along with last three years audited statement, details of month wise activities and awareness Programme, family meet etc. may be forwarded to the office of the Secretary, ISA (HQ), before 30th November 2006. Format will be available in the Website or from the Secretary's office on written request.