



OPERATIONAL RESEARCH SOCIETY OF INDIA

39, Mahanirvan Road, Kolkata 700029

Nomination Form for ‘Fellowship Award’

Name of the Nominee			
Title (Prof./Dr./Mr./Ms)	First Name	Middle Name	Last Name
Membership No. of ORSI			
Communication Address	Postal		
	E-mail		
Current Affiliation	Institution/ Organization		
	Full Address with Pin Code		
	Department		
	Designation		
	Signature		

	(Proposed by)	(Seconded by)
Name		
Signature		
Membership No.*		
Affiliation		
E-mail		
Date		