**PROPOSAL FORM FOR ESICON XXXX (Year)**

1. Name of the State Affiliate:
2. Proposed City for conducting the ESICON:
3. Proposed Venue (s) of the ESICON in the city:
4. Details of the Previous ESICON conducted (If any):
5. Details of the Previous National / International meetings conducted:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the CME** | **Year** | **Total Number of delegates (Approximately)** | **Regional / National / International** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Total number of ESI members in the city (Approximately):
2. Details of Teaching departments of Endocrinology in the city:
3. Detailed Justification:

DECLARATION

I certify that the above-mentioned details are true to the best of my knowledge and belief. I certify that the STATE AFFILIATE has cleared all the dues pending of the ESI.,

Place: Signature of President / Secretary

Date: