



KSM ORATION APPLICATION FORM
Annual Academic Sessions – February 2017

Oration applied for : KSM oration / Bible memorial oration

Title of the Oration :

Name of the Applicant :

Qualifications :

Designation :

Official Address :

Home Address :

Contact phone numbers

Mobile No :

Official phone no :

Home phone no :

Email address :

Declaration:

I wish to submit the attached oration script (together with a CD in MS Word format) for your kind consideration. A copy of my CV is also attached.

Date:

.....

Signature

Send to : Joint Secretaries
Kandy Society of Medicine
Teaching Hospital
Kandy

Tel: 081 – 2201702

Email: theksm66@gmail.com

Web site: www.theksm.org