



**KSM ORATION APPLICATION FORM**  
**Annual Academic Sessions – February 2018**

**Oration applied for** : KSM oration / Bibile 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](mailto:theksm66@gmail.com)

Web site: [www.theksm.org](http://www.theksm.org)