|  |
| --- |
| **KSM ANNUAL ACADEMIC SESSIONS - APRIL 2021****APPLICATION FOR ORATIONS** |
|  |
| **Oration applied for:** *(please delete as appropriate)* | **KSM ORATION****[Wednesday 7th April 2021]** | **BIBILE MEMORIAL ORATION** **[Thursday 8th April 2021]** |
|  |
| **Title of Oration** |  |
|  |
|  |
|  |
| **Name of applicant** |  |
| **Title** | Prof. / Dr. / Mr. / Miss / Mrs.  |
| **Qualifications** |  |
| **Designation** |  |
|  |
| **Official address** | **Home address** |
|  |  |
|  |  |
|  |  |
|  |
| **Phone number** |
| **Mobile**  | **Office** | **Home** |
|  |  |  |
| **Email address** |  |
|  |
| **DECLARATION** |
| * I declare that the oration is based on original academic work carried out by me, and that the content of this script has **not** been presented as an oration, keynote address or a Presidential address or in a similar setting previously.
* I undertake to deliver the oration on the date specified in this form, should this submission be selected.
* I have submitted **three anonymised copies** of the oration script plus **one copy with my details**, and a copy of my Curriculum Vitae. I have also emailed a digital copy of the oration script to theksm66@gmail.com.
* I understand that the KSM oration committee has the authority of selecting the orations, and that the committee reserves the right to annul one or both orations if none of the entries are deemed suitable.
 |
| **Signature** |  | Date |
| D | D |  | M | M |  | Y | Y | Y | Y |
| Click for [guidelines for the orations](https://goo.gl/d2YFuW)  |
| Please send to: **The KSM Office, National Hospital, Kandy** *(via Registered post, courier or personal delivery)* |
|  |
| **Phone**081 – 2201702  | **Email** theksm66@gmail.com  | **Website**[www.ksm.lk](http://www.ksm.lk)  | **Facebook**[www.facebook.com/pg/kandysocietyofmedicine](http://www.facebook.com/pg/kandysocietyofmedicine) |