

PROPOSAL FORM FOR ORATIONS OF SURGICAL SOCIETY OF BANGALORE (SSBASICC)

To, Date:
The Oration Subcommittee
SSBASICC
SSBASICC office, 1st Floor, IMA House, Alur Venkatrao Road,
Bangalore-560018
Email: ssbasicc1974@gmail.com, Phone: +919243108442 (Office Manager)

Dear Sir / Madam,

I am a member of the SSBASICC and I would like to nominate Dr.....as
orator for.....oration. I am attaching a profile of
his/ her activities for your consideration. Thanking you.

Yours sincerely

Signature

Name:
Address:
Email:
Mobile Number:
Date of Nomination sent:

PROPOSED ORATORS PROFILE

NAME:
AGE:
Address:
Telephone:
 Land:
 Mobile:
E-mail address:
Year of Graduation / Post Graduation:

Curriculum Vitae of orator to be attached along with this; which contains the details as required in the grid for evaluation of orator form