

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

To,

Date: _____ 2022

THE ORATION SUBCOMMITTEE

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 **for**
PROF B N BALAKRISHNA RAO **ORATION**. I am attaching a profile of his / her activities for your
consideration.

Thanking you.

Yours sincerely

Signature

Name: DR _____

Email:

Mobile Number: _____

Date of Nomination sent: _____

PROPOSED ORATORS PROFILE

NAME: Dr _____

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