



KERALA UNIVERSITY OF HEALTH SCIENCES

THRISSUR - 680 596

PHONE: 0487 - 2207650, 2207664 FAX: 0487 - 2206770

Padma Vibhushan Dr. M S Valiathan memorial Oration – 2026

Proforma for Nomination

1. I hereby nominate..... whose address and details are as follows for the consideration of the Padma Vibhushan Dr. M S Valiathan Memorial Oration for the year 2026.

Official address :

Residential address:

Date of birth :

Age as on 31.07.2026 :

Phone Number :

Email id :

2. Brief write-up and professional details of the Nominee: Please provide as Annexure

3. Name and address of the Nominator

Name :

Address :

Phone Number :

Email id: :

Place:

Phone : 0487-2207664, 2207642 Fax : 0487 – 2207616, 2207620

e-mail: helpdesk@kuhs.ac.in

Digitally approved document; signature not required.

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Date:

Signature of the Nominator:

Name & Designation:

Annexure for Nomination form of Padma Vibhushan Dr. M S Valiathan Memorial Oration – 2026

1. A brief write up justifying the nomination (Not exceeding 300 words)

2. Education details of the nominee :

3. Professional experience:

4. Achievements/Awards/Prizes:

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5.Publications:

6.Books:

7.Patents:

8.Draft citation describing the seminal contributions of the nominee :

Signature of the Nominator:

Name& Designation:

Digitally approved document; signature not required.

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