KARNATAKA ORTHOPEDIC ASSOCIATION (REGD.)

MEMBERSHIP FORM

Dr. Bharath Raju G.
SECRETARY GENERAL
No.98, "ANJANADRI",
3rd Main, 3rd Stage,
Vinayaka Layout,Vijayanagara,
Bangalore-560 040
Mob:9945982729
Email: drbkoasg@gmail.com

Please attach passport size photo

Dear Sir,

I wish to apply for life membership of Karnataka Orthopaedic Association.

Name : (Capital Letters) .....

Postal address: .....

..... Pin code: .....

Mobile number:.....

Email address:.....

Postgraduate qualification: Degree/Diploma.....

Institution/ University/Board.....

Medical Council registration number: .....State.....

Proposed by: Name: .....

KOA life membership no: .....

Signature:

Seconded by: Name: .....

KOA life membership no: .....

Signature

Payment details: (The fee for life membership of Karnataka Orthopaedic Association is Rs. 2,360/-)

Amount:..... Instrument no:.....Bank.....

You may directly transfer the funds to the below mentioned account

Account Name	:	Karnataka Orthopaedic Association
Account Number	:	04082010141791
Bank	:	Canara Bank
Branch	:	Vijayanagar Branch
Address	:	Bangalore -560040
IFSC	:	CNRB0010427

Date.....

Signature

Place.....

* Kindly enclose the demand draft/multicity cheque drawn in favour of 'Karnataka Orthopaedic Association' payable at **Bangalore.**
* Self attested copy of the postgraduate qualification to be sent along with the application.
* Please send the duly filled application form with the enclosures to the KOA secretariat at the above mentioned address only.
* The membership is subject to ratification in the subsequent annual general body meeting of KOA.