

KARNATAKA ORTHOPAEDIC ASSOCIATION (Regd.)

MEMBERSHIP FORM

Dr. Edward L. Nazareth
Secretary General-KOA
Nalapad Medical Centre
Opp. Shri Krishna Kalyana Mantap
Kadri Mallikatta Road, Mangalore-575003
Mobile : 9845578782
Email : dredwardortho@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.2,000/=)

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

You may directly transfer the funds to the below mentioned account

Account Name : Karnataka Orthopaedic Association
Account Number : 04082010141791
Bank : Syndicate Bank
Branch : Fr Muller Charitable Institutions
Address : Fr Muller Road, Kankanady, Mangalore-575002
IFSC : SYNBO000239

Date.....

Signature

Place.....

- * Kindly enclose the demand draft/multicity cheque drawn in favour of 'Karnataka Orthopaedic Association' payable at Mangalore.
- * 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.