

KARNATAKA ORTHOPAEDIC ASSOCIATION (REGD.)

MEMBERSHIP FORM

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



PHOTO

Dear Sir,

I wish to apply for the Life Membership of Karnataka Orthopaedic Association.

NAME (Capital Letters):

POSTAL ADDRESS:

PIN CODE:

PHONE: EMAIL ID:

POST GRADUATE QUALIFICATION (DEGREE/DIPLOMA):

INSTITUTION/UNIVERSITY/BOARD:

MEDICAL COUNCIL REGISTRATION NO.: STATE:

PROPOSED BY: NAME:

KOA MEMBERSHIP NO.: SIGNATURE:

SECONDED BY: NAME:

KOA MEMBERSHIP NO.: SIGNATURE:

Payment details: Rs.: 3000/- (KOA Membership Fee + OASIS Membership Fee + GST)

Bank Name: DD/Ch. No.: Transaction ID:

Funds can be transferred to:

Account Name: Karnataka Orthopaedic Association
Account Number: 04082010141791
Bank: Canara Bank
Branch: 10427-Vijayanagar II Branch, Bengaluru
IFSC: CNRB0010427
UPI ID: 236119044141791@cnrb

QR CODE:



236119044141791@cnrb

Date: Signature:

- * Enclose the Demand Draft/Multicity Cheque in favour of "Karnataka Orthopaedic Association" Payable at Bengaluru.
- * Self-Attested Copy of the Postgraduate Qualification and State Medical Council Registration to be attached.
- * Please send the duly filled Membership Form with the enclosures to the KOA Secretariat at the above address only.
- * The Membership is non-transferable and subject to ratification in the subsequent Annual General Body Meeting of KOA.