



# ಕರ್ನಾಟಕ ಸ್ಟೇಟ್ ಫಿಸಿಯೋಥೆರಪಿ ಫೆಡರೇಷನ್ ©

KARNATAKA STATE PHYSIOTHERAPY FEDERATION®

Registered office: No. 002, Bella Villa, Owners Court, Kasavanahalli, Kaikondrahalli Post, Bengaluru- 560 035, Karnataka.

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## MEMBERSHIP CERTIFICATE APPLICATION FORM

Sir/Madam,

I ..... member of KSPF before 1st April 2015 with KSPF membership registration number ..... I hereby request you to issue membership registration certificate and I enclosed/paid **Total Rs.250/-** towards certificate fee favoring “**Karnataka State Physiotherapy Federation**” by Demand Draft payable at Bangalore OR by online payment through NEFT/RTGS to below mentioned KSPF account details (Subject to realization). Please find my details to update in KSPF as follows: ( Fill the application in Capitals)

PERMANENT ADDRESS ( Shall be residential address within Karnataka)	WORKING ADDRESS ( If applicable)		
	District:	Pin:	
CONTACT No.:	Alternative no:		
EMAIL ID	Aadhara No.:		
QUALIFICATION	COLLEGE NAME WITH ADDRESS	UNIVERSITY	YEAR
<b>Dip PT/BPT/ MPT/PhD</b> (Note: applicant who graduated from university outside Karnataka shall contact KSPF before applying)			
<b>PAYMENT DETAILS: Online payment or Demand Draft</b> (Cheque not accepted) (payment is subject to realization)			
Online Payment details:	Name: Karnataka State Physiotherapy Federation Bank: State Bank of India, Branch: Gandhinagar Branch, Bangalore. Account no. 00000031890086299 Current account IFSC Code: SBIN0013283	Transfer date: Transferee name: Transaction reference number: Amount: Bank and branch:	
DEMAND DRAFT DETAILS:	Demand Draft No, Date, Bank name, Amount:		

Note: Once fee paid will not be refundable/ adjusted.

*ENCLOSE: If details need to be updated send the Photocopy of supporting documents with self attestation, address proof, and one passport size photos.*

### DECLARATION

I hereby declare that the above furnished particulars, information, payment made and documents enclosed are true to the best of my knowledge.

Place:

Date:

Signature of the Applicant

### OFFICE USE

Application form received date:.....Fee clearance details & date:.....  
Meb. Reg. No. and Date of Membership:.....Certificate Sl.no.....  
Certificate issued date:.....Receipt No and date :.....

Authorized Signatory

Please mail the filled form with supporting documents to: “**Dr. Sai Mahendra. B. V., PT, Physiotherapy College, KSPF, No.1456, II stage Extension, 14<sup>th</sup> Main, Shankarmutt Road, Mahalakshampuram, Bangalore- 560086, Karnataka, India.**

**Contact: +919886730136, 9060934046, 9886291325”**

Application Status: Once Application form received, status of certificate will be informed through email.