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KARNATAKA STATE PHYSIOTHERAPY FEDERATION®

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

Website: <http://www.karnatakaphysio.org>

e-mail: kspinfo@karnatakaphysio.org; karnatakaphysio@gmail.com

Affix passport Size Photo here.

MEMBERSHIP REGISTRATION FORM

Enclose: 3 Passport size photos.

Sir/Madam,

Kindly enroll me as a member in KSPF and enclosed/paid **Total Rs.1000/-** (towards admission fee of Rs.100/- , Membership fee of Rs.650/- and certificate fee Rs.250/-) 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 the details as follows: (Fill the application in Capitals)

NAME IN FULL			
AGE		SEX	
DATE OF BIRTH		FATHER NAME	
PERMANENT ADDRESS (Shall be residential address within Karnataka)			WORKING ADDRESS (If applicable)
	District:	Pin:	
CONTACT No.:		ALTERNATIVE No:	
EMAIL ID		Aadhaar No.:	
QUALIFICATION	COLLEGE NAME WITH ADDRESS	UNIVERSITY	YEAR
Dip PT/BPT/ MPT/PhD (Note: The applicant who graduated from university outside Karnataka shall contact KSPF before applying)			
PAYMENT DETAILS: Online payment or Demand Draft (Cheque not accepted) (payment is subject to realization)			
Online Payment details: (NEFT/RTGS/IMPS/ UPI etc.)	Name: Karnataka State Physiotherapy Federation Bank: State Bank of India, Branch: Gandhinagar Branch, Bangalore. Account no. 00000031890086299 Type: 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: Fee paid for membership registration will not be refundable once membership registration approved.

ENCLOSE: Photocopy of Certificates with self attestation, address proof, and three 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:.....
Receipt No and date:.....

Authorized Signatory

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

Contact: +919886730136, 9060934046, 9886291325”

Application Status: Once Application form received, status of your membership registration will be informed through email.