

KAPRAS No. :

For Office Use only

Reg. No.:

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Karnataka Association of Plastic Reconstructive & Aesthetic Surgeons (KAPRAS)

MEMBERSHIP FORM

(PLEASE FILL THE FORM IN CAPITAL LETTERS)

A. PERSONAL DETAILS

SURNAME _____

FIRST NAME _____

MIDDLE NAME _____

AFFIX A COLOURED
PHOTO OF SIZE 3.5
CM X 2.5 CM WITHIN
THE BOX

DATE OF BIRTH _____ / _____ / _____
(DAY) (MONTH) (YEAR)

SEX M / F
(TICK)

ADDRESS _____

CITY _____ STATE _____ PINCODE _____

COUNTRY _____

TEL. RES _____

TEL. OFFICE _____

MOBILE _____

E-MAIL _____

INSTITUTE / HOSPITAL _____ CITY _____

DESIGNATION _____

MEMBERSHIP : LIFE / ASSOCIATE (TICK)

B. PROFESSIONAL QUALIFICATIONS

DEGREE	UNIVERSITY	YEAR OF PASSING
M.B.B.S.		
M.S/DNB		
M.Ch /DNB		
FELLOWSHIPS		

C. KMC / COUNCIL REG NO :

D. AWARDS/ PAPERS PRESENTED/ PUBLISHED/ RESEARCH WORK ETC. (ADD EXTRA SHEET IF NEEDED)

E. MEMBERSHIP OF OTHER ORGANIZATIONS/ PROFESSIONAL ASSOCIATIONS

F. PAYMENT DETAILS

TOTAL AMOUNT PAID IN RS .

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MODE OF PAYMENT CHEQUE/D.D. BANK TRANSFER CASH

CHEQUE/D.D. NO. _____ DATED ____ / ____ / ____

DRAWN IN FAVOUR OF “**KAPRAS**” PAYABLE AT BANGALORE.

NEFT DETAILS - CUR ACC NO – 37645587127 ; IFSC – SBIN0070242 ; SBI, Tipu Sultan Palace Rd Branch

BANK TRANSFER NO _____

NAME OF THE BANK _____

I hereby state that the above facts are true and I undertake to abide by the Constitution and Rules of the Association.

PLACE _____

DATE _____

SIGNATURE OF APPLICANT

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Received on ____ / ____ / ____

E. C Recommendation. Yes / No Date ____ / ____ / ____

KAPRAS Membership No. Allocated _____