



KARNATAKA MEDICAL-LEGAL SOCIETY (R)
Regd. No.295/91-92, Govt. of Karnataka
APPLICATION FOR LIFE MEMBERSHIP

To,
The Secretary,
KAMLS-2017

I, _____ would like to enrol myself as a Life Member of Karnataka Medico Legal Society. In this regard, I am enclosing here with the details for membership. Fees **Rs. 2,050/-** (Two Thousand and Fifty only)

In favour of -

Karnataka Medico-Legal Society (KAMLS)

Payable at Bengaluru,

Bank details:

State Bank of India,

Account No.: **37145424841**

Branch: Tippu Sultan Palace Road,

IFSE Code: **SBIN0070242**

Signature of the applicant

PARTICULARS OF THE APPLICANT

Gender: Male / Female

Date of Birth: _____//_____//_____

Qualification:

Designation:

Address for correspondence:

Permanent address:

Mobile Mo.// Telephone No.: _____

Email:

(Enclose two extra passport size photographs along with the application form)

Application along with NEFT details to be sent to:

Dr.S.Venkata Raghava,

Professor,

KAMLS 25 – 2017,

Department of Forensic Medicine,

Victoria Hospital, Fort,

Bengaluru – 560 002.

Mobile: +91 98452 31132