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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: kspfinfo@karnatakaphysio.org; karnatakaphysio@gmail.com

GOOD STANDING CERTIFICATE APPLICATION FORM

Sir/Madam,

I member of KSPF since..... with KSPF membership registration number I hereby request you to issue Good standing certificate and I enclosed/paid **Total Rs.1050/-** towards Good standing certificate fee favoring **“Karnataka State Physiotherapy Federation”** by Demand Draft payable at Bangalore *OR* by online payment through UPI/NEFT to below mentioned KSPF account details (Subject to realization). Please find my details 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
Dip PT/BPT/ MPT/PhD			
PAYMENT DETAILS: Online payment or Demand Draft (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: Fee paid IS Non-refundable/ will not be adjusted. The validity for Good standing certificate is for six months from date of issue.

SELF DECLARATION BY APPLICANT

- 1) To the best of my knowledge, I..... can confirm that I demonstrated good character, code of ethics and conduct, and there are no any kind of outstanding complaints or disciplinary action whatsoever in nature occurring relating to my accountancy still date.
- 2) I..... declare that I have not been disqualified, suspended or prohibited from practicing Physiotherapy anywhere in India or Outside the India. There are no pending or previous disciplinary orders or criminal proceedings against me still date.
- 3) I hereby declare that the above furnished particulars, information, payment made and documents enclosed are true to the best of my knowledge.
- 4) I solely give my consent to Karnataka State Physiotherapy Federation (KSPF) to share my membership and conduct of Good standing details to any organization or authority or verification process or employers etc who seek my information through KSPF.

Place:

Date:

Signature of the Applicant

OFFICE USE

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

Authorized Signatory

Enclosures to send along with the form

Sl. No	Documents	Tick mark
1.	The fee Rs.1050/- Shall be paid online and details shall be mentioned in the first page of the form.	
2.	Self attested Photocopy of KSPF membership certificate	
3.	Two Passport size recent photos.	
4.	Self attested Photocopy of Aadhara Card, address shall be within Karnataka.	
5.	Self attested Photocopy of BPT Degree Certificate.	
6.	Self attested Photocopy of Internship Certificate.	
7.	Self attested Photocopy of all years BPT mark sheets.	
8.	Self attested Photocopy of mark sheets and MPT Degree Certificate. (if available)	
9.	Self attested Photocopy of PhD completion Certificate. (if available)	

Please post the filled form with supporting documents to:

***“Dr. Sai Mahendra. B. V,
General Secretary,
Karnataka State Physiotherapy Federation,
First Floor, No, 23, Sai Nilaya, Jawaharlal Street,
Seshadripuram, Bangalore- 560020, Karnataka, India.
Contact: +91 9886730136”***

Application Status: Once Application form received, status of your certificate will be informed through email. The process will take minimum 4 weeks.

Note: The validity of Good Standing certificate is for 6 months from the date of issue.