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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 NEFT/RTGS 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 will not be refundable/ adjusted. The validity for Good standing certificate is for six months from date of issue.
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 Reference 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, 14th Main, Shankarmutt Road, Mahalakshmiipuram, Bangalore- 560086, Karnataka, India.**
Contact: +919886730136, 9060934046, 9886291325”

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