



ಕರ್ನಾಟಕ ಸ್ಟೇಟ್ ಫಿಸಿಯೋಥೆರಪಿ ಫೆಡರೇಷನ್®

KARNATAKA STATE PHYSIOTHERAPY FEDERATION®

Working office: No. 23, Sai Nilaya, Jawaharlal Street, Seshadripuram, Bangalore- 560020, Karnataka,
Registered office: No. 002, Bella Villa, Owners Court, Kasavanahalli, Kaikondrahalli Post,
Bengaluru- 560 035, Karnataka. Website: <http://www.karnatakaphysio.org>
e-mail: karnatakaphysio@gmail.com

MEMBERSHIP CERTIFICATE APPLICATION FORM **(Only for KSPF members, this form not to be used for new membership application)**

Sir/Madam,

I member of KSPF before 1st April 2015 with KSPF membership registration number I hereby request you to issue membership registration certificate and I enclosed/paid **Total Rs.250/-** towards certificate fee by online payment through NEFT/UPI/IMPS to below mentioned KSPF account details (Subject to realization).

Please find my details to update in KSPF 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 AND PLACE	UNIVERSITY NAME AND PLACE	YEAR
Dip PT/BPT/ MPT/PhD (Note: applicant who graduated from university outside Karnataka shall contact KSPF before applying)			
PAYMENT DETAILS: Online payment (Cheque not accepted) (payment is subject to realization)			
Online Payment BY NEFT/UPI /IMPS details: Note: Any Fee paid to KSPF is non-refundable.	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:	

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 Sl.no.....
Certificate issued date:.....Receipt No and date :.....

Authorized Signatory

Enclosures to send along with the form

Sl. No	Documents	Tick mark
1.	Fee Rs.250/- Shall be paid online and details shall be mentioned in the first page of the form.	
2.	Previously issued KSPF membership id card copy or email confirmation copy.	
3.	Three Passport size recent photos.	
4.	Self attested Photocopy of Aadhar 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)	

Application Status: Once Application form received, status of your application will be informed through email. The process will take minimum 12 weeks.

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”***