



KOA Life Membership Form

KARNATAKA ORTHOPAEDIC ASSOCIATION[®]

A CHAPTER OF INDIAN ORTHOPAEDIC ASSOCIATION

Punam Orthopaedics & Fracture Clinic

Tilaknagar, Shimoga – 577 201.

Phone: +91-8182-224847/279746 Cell: 9448124847

Name (Block Letters)	
Postal Address: Phone: Mobile: Email:	
Qualification Degree/Diploma University Year of Passing	
Nature of Practice (Medical College / Govt. Service / or Private)	
Whether applying for Life or Associate Membership (if associate membership state course and year only for PG's)	
Proposed by : L.M. No.	
Seconded by: L.M. No.	

FOR OFFICE USE ONLY

Registration Number:

Date of Receipt of Membership Fee:

Draft Number and Amount:

Demand Draft for Rs. 1200/- (Rupees One Thousand Two hundred only) to be drawn in favour of
"KARNATAKA ORTHOPAEDIC ASSOCIATION" payable at Shimoga.
Duly filled application form and DD to be mailed to

THE KOA SECRETARY

Dr. Vasudev P Kamath

Consultant Orthopaedics Surgeon
Punam Orthopaedics & Fracture Clinic
Tilaknagar, Shimoga – 577 201.

Phone: +91-8182-224847/279746 Cell: 9448124847

Note: Name and Address of the applicant should be written on the backside of the DD.