

**MEDICAL ULTRASOUND SOCIETY OF
KARNATAKA (R)**

Application for Membership

No. _____

BIO-DATA
(Write in Block letters)



Name

Age. Date of Birth

Degree/ Certification

Designation:

Office Address :

..... Telephone.....

Res. Address :

..... Telephone.....

Mailing Address : Office

Res. (Tick one)

Membership of other Medical Associations:

Membership Fee	Life :	Rs. 10,000/-
	Associate Membership (3 years) :	Rs. 5000/-
	Admission Fee :	Rs. 50/-
	Out Station Bank Charges :	Rs. 50/-
	Total Amount	Rs.

Date of Registration :

Cheque / DD No.

Dated

Bank :

Branch:

Crossed cheques / DD's Drawn in favour of MUSK, Bangalore(A/c Payee)

Other remarks

Receipt No.

Address For Correspondence

Date of Receipt

330, 6th Main, M.S.Ramaiah City,
J.P.Nagar, 8th Phase, Bannerghatta Road,
BANGALORE - 560 076.

Receipt Posted

Associate Member can become Life Member after 3 years by additional payment of Rs. 2000/-

DECLARATION

I.....am desirous oh being admitted as Life/Associate member of the Medical Ultrasound Society of Karnataka (R)and agree if admitted to confirm in all respects to the Rule and Bye-laws of the Association now existing or such Rules and Bye-laws, which may hereafter be made or altered.

Date:

Signature

Introduced by (Member) Name:

Membership No.

Signature :

Date:

Address :

Recommendation of the Executive Committee

She / He fulfills the conditions and may be enrolled as life / Triennial / Associate Member

Date

Signature of Secretary

FOR OFFICE USE ONLY

Admitted as life/Associate member with effect from.....To.....

Membership No.

Signature of Secretary