

## APPLICATION FORM FOR KAMLS MEMBERSHIP

To

The Treasurer,

I, \_\_\_\_\_, wish to enroll myself as a Life member of the Karnataka Medicolegal Society. I am enclosing herewith the membership fee of Rs 3100/- (Rupees Three thousand and one hundred only) by NEFT payment bearing no. \_\_\_\_\_ dated \_\_\_\_\_.

### Signature of the Applicant

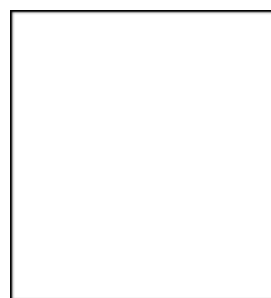
Personal Particulars of the Applicant with one extra passport size

photograph Name :

Date of Birth :

Qualification :

Designation :



Address for correspondence :

Permanent Address :

Telephone/Mobile No. :

Email id :

### Address for correspondence:

**Dr. Ravindra S. Honnungar**

**Professor & HOD**

**Department of Forensic Medicine & Toxicology**

**KAHER's, Jawaharlal Nehru Medical College, Belagavi – 590010, Karnataka.**

**Mobile No: 9886025584**

**Email ID: jnmckamls2024@gmail.com ( Please send us Life membership form once you have filled completely)**

### Account details:

Name of the Account : Karnataka Medicolegal Society Corpus

Fund. Name of the Bank : Bank of Baroda

Branch : MSRIT

A/C no. 89250100018520

IFSC code : BARB0VJMSRI (5<sup>th</sup> digit is zero).