

MEMBERSHIP APPLICATION FORM
(Kindly Fill in Capitals)

Name & Address of the Establishment -				
Taluk -			District -	
Telephone No. -			Mobile No. -	
Mail id -				
Represented -			Owned -	
Address & Designation -			KMC Reg. No. -	
Status of Institution	Privately Owned	Private Limited	Society	Others
Type of Hospital	Single Specialty	Multi Specialty	Super Specialty	
Number of Beds	Less than 10	Less than 20	Less than 50	More than 50

Membership Amount can be directly Remitted to below mentioned Bank Details, Print copy of Remittance should be attached with Form

Beneficiary Name	K P M E A (R.)
Bank Account No.	129901011008553
Name of Bank, Branch & Address	Vijaya Bank S.R Rasthe, Thippeswamy Complex, Shimoga – 577201
Account Type	SAVINGS BANK
IFS Code	VIJB0001299
MICR Code	577029203
Permanent Account Number	AACA8733D
Permanent Account Number in the Name of	KARNATAKA PRIVATE MEDICAL ESTABLISHMENTS' ASSOCIATION

Kindly Submit the filled Registration forms to :

Dr. Malleth Hullumani
City Hospital,
R.M.R Road, Durgigudi,
Shimoga – 577201
- 9448127913 (M), @ - hmalleth@gmail.com

Classification & Subscription of Membership

1.	Rs. 2,500 /-	Individual Consultants
2.	Rs. 5,000 /-	Bedded Health Care Establishments upto 50 Beds
3.	Rs. 10,000 /-	Bedded Health Care Establishments more than 50 Beds and Institutions