KARNATAKA ENDOCRINE SOCIETY

BENGALURU

E-mail: karnatakaendocrine@gmail.com

Application for Life Membership

ESI No. (Mandatory): _____

Name: _____

Date of Birth: _____

Designation: _____

Address: Work: _____

_____

_____

Residence: _____

_____

_____

Photo

Mailing Address preference:

☐ Work ☐ Residence

Telephone No.: _____

E-mail: _____

Qualification including graduation (do not include honorary degrees):

Degree	Year	Institute	University

Signature of Applicant: _____ Date: _____

Name & signature of referees (Should be a KES member)

Ref. 1:	Ref. 2:

Details of payment (Rs. 3540/-): Cheque ☐ Demand Draft ☐

payable to **"Karnataka Endocrine Society"**

Secretariat: Department of Endocrinology, St. John's Medical College Hospital, Koramangala

Bengaluru 560034, Mobile + 91-9108206701