



KARNATAKA ENDOCRINE SOCIETY

BENGALURU

E-mail: karnatakaendocrine@gmail.com

Application for Life Membership

ESI No. (Mandatory): _____

Name: _____

Date of Birth: _____

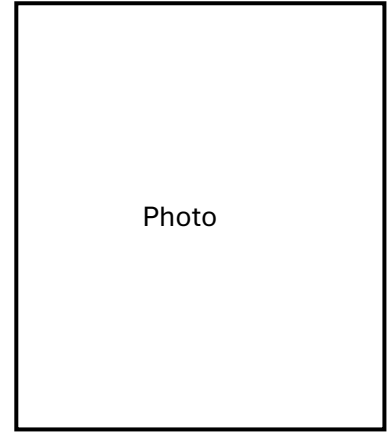
Designation: _____

Address: Work: _____

Residence: _____

Telephone No.: _____

E-mail: _____



Mailing Address preference:

☐

Work

☐

Residence

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:
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Details of payment (Rs. 3540/-):

Cheque

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Demand Draft

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payable to **"Karnataka Endocrine Society"**

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

Bengaluru 560034, Mobile + 91-9108206701