



KARNATAKA NEUROSCIENCES ACADEMY

Application for Life Member/ Life Associate Member/Associate Member

Name in full (IN BLOCK LETTERS)	
Age	
Date of Birth	
Sex	
Quali fication & Designation	
Membership No. (eg NSI, IAN, IEA, IES)	
Hospital / Clinic mailing address with Email Address & Phone Number	
Residence Address with Email Address & Phone number	
Please indicate preferred mailing Address	Hospital/Clinic Address OR Residence Address
Signature	
Date	

Membership Fees

Life Member - ₹ 3000

(Basic Qualification in Neurological Sciences and working / Practising as a Neurological Sciences Specialist)

Life Associate Member - ₹ 3000

(Post graduate medical Qualification, other than Neurological Sciences, and interested in the field of Neurological Sciences)

Associate Member - ₹1500

(Only for Students of Neurological Sciences valid for a period of 3 yrs)

**DD / Cheque / Online Account Transfer should be in favour of
"Karnataka Neurosciences Academy " payable at Bangalore**

Completed forms with one affixed Photo can be sent by Email or posted to :

Dr. Guruprasad H, KNA - Secretary

MB1201, Golden Grand Apartments, Tumkur Road, Yeshwanthpur
Bangalore 560022, Karnataka, India

Mobile: 90089 33554 , **Email :**guruhosurkar@gmail.com

Dr. Veeranna M Dadad, KNA - Treasurer

drvmgneurology@gmail.com

KNA BANK ACCOUNT DETAILS FOR ONLINE FUND TRANSFER

Karnataka Neurosciences Academy (KNA)

S/B A/C 31497065289

State Bank of India (SBI)

Branch IFSC : SBIN0040197

Branch Code : 040197

Rajajinagar Branch, Bangalore Pin 560010

Please email the Fund Transfer receipt to KNA Treasurer (drknraj@gmail.com) and mark a copy to KNA Secretary (secretary@kna.org.in)

Any change in mailing address must be communicated to KNA Secretary & Treasurer