



# KARNATAKA ASSOCIATION OF COMMUNITY HEALTH (KACH)

## Life Membership Application Form

1. NAME (in Block Letters) : \_\_\_\_\_
2. DATE OF BIRTH & AGE : \_\_\_\_\_
3. GENDER : \_\_\_\_\_
4. OCCUPATION : \_\_\_\_\_
5. ADDRESS (complete and current)
  - a) For Communication : \_\_\_\_\_  
\_\_\_\_\_

**PHOTO**

- b) Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

6. PHONE NUMBERS:

Office:
Residence(STD Code):
Fax:
E-Mail ID:

7. QUALIFICATION/S:

DEGREE/DIPLOMA	YEAR	UNIVERSITY	PLACE

8. WORK & EXPERIENCE (from recent to past)

DESIGNATION	PERIOD(DATES)	INSTITUTION/ORGANIZATION

9. TITLES OF SCIENTIFIC PUBLICATIONS (Add additional pages, if inadequate).

	TITLE	YEAR	PUBLICATION''
I			
II			

(A copy of Curriculum Vitae may be enclosed)

**Declaration:** I hereby agree to abide by the rules and regulation of the association and will pay all the prescribed fee in time for the welfare of the association.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Place: \_\_\_\_\_

Name: \_\_\_\_\_

**RECOMMENDATION OF KACH MEMBERS**

**Proposed By:**

**Seconded By:**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Name & Address:

Name & Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

**OFFICE USE**

**APPROVED BY:**

**TREASURER**

**SECRETARY**

**PRESIDENT**

{ Life Membership No: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt No. \_\_\_\_\_ }

---

**NOTE:**

Life Membership Fee of Rs 1000.00/- by Cheque/Bank Drafts drawn in favour of "Karnataka Association of Community Health-KACH", payable at Bangalore\

.(Bank details for online transfer: 'Karnataka Association of Community Health-KACH- State Bank Of India, TSP Branch: Bangalore A/C: 10309112724, IFSC code: SBIN0070242)

The application form duly filled, signed(along with photograph affixed) and Cheque/Draft to be sent by hand/ Registered Post/ Speed post with Acknowledgement due to

<p><b>Dr Ranganath T S</b> General Secretary KACH Professor &amp; Head Department of Community Medicine, Bangalore Medical College &amp; Research Institute, Fort, K R Road, Bangalore-56002 Mob:9448738819 E-mail: tsranga1969@gmail.com kachcon1984@gmail.com</p>	<p><b>Dr. Girish B</b> <b>Treasurer KACH</b> Asst Prof .of Com Med, CIMS, 9964623764 <a href="mailto:girish.b24@gmail.com">girish.b24@gmail.com</a></p>
---	---