

NATIONAL ASSOCIATION FOR REPRODUCTIVE AND CHILD HEALTH OF India (NARCHI)



Dr. C.S. DAWN, INDIAN COLLEGE OF MATERNAL & CHILD HEALTH (ICMCH)

25B, C.I.T. ROAD , ENTALLY, KOLKATA - 700014, West Bengal
Phone: 91-33-2249 5767/ 0-974877 5767 Fax: 91-33-2249 5767
Email: narchihq@gmail.com Website : www.narchi.org

Application for DRCH Admission

ONE YEAR COURSE FOR BHMS, BAMS, BUMS

Fix your
Passport
Size
photo here

SESSION – I : 1st June to 31st May (last date for application – 31st May)

SESSION – II : 1st December to 30th November (last date for application – 30th November)

EXAMINATION CENTRE : KOLKATA (Permanent Centre)

LUCKNOW & other centres to be declared from time to time

To,
The Dean
Dr. C. S. DAWN Indian College of Maternal & Child Health (ICMCH)
25B, C. I. T. Road
Entally
Kolkata – 700014

Sir,

I like to get admitted in Residency Training for DRCH course of NARCHI – ICMCH and submitting the details as required in the following page.

I am also enclosing a CBS cheque of Rs. 37,000/- in the name of NARCHI and four passport size photographs (name written on the back).

Yours sincerely,

Signature of Candidate

Enclosed attested Photocopies of the following (Compulsory):

1. **BAMS/ BHMS/ BUMS Passing Certificate, internship completion Certificate and Certificate of Registration of relevant state medical council**
2. **Receipts of Payments of Rs.30,000/- to the Fellow Guide.**

- Admission Fee Rs.5000/- for Log Books & Miscellaneous, course fee Rs.25,000/- and
 Examination Fee Rs.7000/- (Total Rs.37,000/-) payable to NARCHI for Admission.

CANDIDATES BIO DATA

Name (Block Letters) : _____

Father's name :

Date of Birth:

Male/Female:

BAMS/ BHMS/ BUMS (Year):

Date of completion of Internship

Name of Medical College (passed out):

State Council Registration No. (Year compulsory):

Address (Correspondence)

..... Pin Code.....

State..... Telephone..... Email

Address (Permanent).....

..... Pin Code

Date :

Signature of the Candidate

Fellow guide undertaking (own handwriting):

I, Dr. do hereby solemnly pledge that I will complete the training programme of my student whom I have enrolled for the course under NARCHI – Dr. C S Dawn ICMCH .

I do understand that if I fail to complete the training of the student, my fellow guide appointment will be cancelled and I am liable for refund of all the remuneration I have received.

Date:.....

Signature of the Fellow Guide (FG)

Fellow Guide's Personal Mobile No.....

Name of the Fellow Guide..... email :

Name and Address of Hospital / Nursing Home of Fellow Guide (in Block Letters)

.....

.....

Pin Code..... State Telephone No.


If the Fellow Guide is a partner or a visiting consultant to the training hospital, the following additional endorsement is requirement.

Training Hospital Agreement: The Hospital agrees to give all facilities to trainee for 1 year working in the hospital.

Signature of Superintendent/ CEO

(Hospital Seal)

This IDENTITY CARD is for DRCH & CRCH candidates. This FORM - to be filled up properly and get signed by Fellow Guide and to be sent to NARCHI - HQ along with the Admission form.

Fix your stamp size photo	NATIONAL ASSOCIATION FOR REPRODUCTIVE AND CHILD HEALTH OF India (NARCHI)	
	& Dr. C.S. DAWN, INDIAN COLLEGE OF MATERNAL & CHILD HEALTH (ICMCH)	
	25B, C.I.T. ROAD , ENTALLY, KOLKATA - 700014, West Bengal	
IDENTITY CARD		
NAME OF THE STUDENT : _____		
ROLL NO. _____		
YEAR OF ADMISSION _____ CYCLE- I : JUNE / CYCLE -II : DEC		
ADDRESS : _____ _____		
PIN CODE _____ MOBILE : _____		
NAME OF THE TRAINING HOSPITAL : _____		

NAME OF THE PROGRAMME : _____	
SIGNATURE AND SEAL OF FELLOW GUIDE	SIGNATURE OF STUDENT
DATE :	
DEAN DR C S DAWN ICMCH	SECRETARY GENERAL NARCHI - ICMCH
IDENTITY CARD IS NOT TRANSFERABLE	
It is valid only when the identity card of the student is duly attested by the Sectrary General, NARCHI - ICMCH, Kolkata.	
The address, contact nos and email id cannot be changed during the course period	

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CHILD HEALTH OF India (NARCHI)**



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Life Membership Application Form

Fix your
photo here

To,
The Secretary General, NARCHI
25B, C. I. T. Road, Kolkata - 700 014

Sir,

I am applying for life membership of **NATIONAL ASSOCIATION FOR REPRODUCTIVE AND CHILD HEALTH OF INDIA.**

NAME (in Block Letters) :

ADDRESS (in Block Letters) :

City / Town :

Pin Code (Compulsory):

State / Province :

Phone/ Cell Phone :

Email:

(without valid email form is not acceptable)

Date of Birth:

EDUCATIONAL QUALIFICATION

MBBS

Year

D.G.O.

Year

M.D. (Obs / Gyn)

Year

Paediatrics MD/DCH

Year

M.S. Surgery

Year

Others

Year

QUALIFICATION for non - physician Profession

PRESENT APPOINTMENT

Teaching Experience (Year)

Signature _____

Payment Type:

Cheque No.

Bank & Branch :

Demand Draft No.

Bank name

Cash

Write your name & Mobile No. back of your DD / Cheque.

Future communication from HQ will be through email and SMS ; this is part of green initiative.

Members will be responsible for intimating this office about any relevant change in the future