



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 / csdawn_icmch2006@yahoo.co.in Website : www.narchi.org

Fix your photo here

Fellow Membership Application Form

(Eligibility : 10yrs experience post MD/MS/DNB in OBG/ Paediatrics & other Medical specialists)

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

Sir, I would like to apply for the Fellow Member of Dr. C S Dawn Indian College of Maternal and Child Health (ICMCH)

I am remitting Demand Draft/ CTS cheque for Rs. 20,000/- in the name of NARCHI for the Fellow membership. (Life Membership – Rs.3000/-, Fellowship – 10,000/-, Conference registration – Rs.7000/-).

NB. If already Life member of NARCHI, the payment will be Rs.17000/-.

I will use FICMCH along with my degree in my letterhead pad after I attend the convocation to receive Fellowship. I pledge to read DAWN Textbook and distribute calendar life long.

NAME (in Block Letters) :

ADDRESS (in Block Letters) :

City / Town : Pin Code (Compulsory):

State / Province : Phone/ Cell Phone

Email : Date of Birth

EDUCATIONAL QUALIFICATION

- M.D. (Obs / Gyn) Year, M.S. (Obs/ Gyn) Year, DNB (Obs/ Gyn) Year, MD (Paediatrics) Year, M.S. Year, DNB (Paediatrics) Year

QUALIFICATION for non - physician Profession

Teaching Experience (Year)

PRESENT APPOINTMENT

Signature _____

Payment Type:

- Cheque No., Demand Draft No., Bank & Branch, Bank name, Cash

Photo Copy Acceptable



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photo
here

To,

The Secretary General, NARCHI

25B, C. I. T. Road, Kolkata - 700 014

Sir,

I would like to apply for the 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 :

Date of Birth

NARCHI Branch :

(where wish to be included)

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

Teaching Experience (Year)

PRESENT APPOINTMENT

Signature _____