



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 apply to be 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.4000/- & Corpus Fund – Rs.3000/-).

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.

Bank & Branch :

Demand Draft No.

Bank name

Cash

Photo Copy Acceptable