



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

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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 would like to apply for the Life Membership of **NATIONAL ASSOCIATION FOR REPRODUCTIVE AND CHILD HEALTH OF INDIA**.

I am remitting Demand Draft/ CTS cheque for Rs. 3000/- in favour of **NARCHI** for the membership (for MBBS doctors).

(For all others including Ayush Doctors Life Membership fee is Rs.1000/-).

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 _____

Payment details :

Cheque / Draft No.

Date :

Bank & Branch :

Cash

Bank details for RTGS or payment transfer

A/c Name : **NARCHI** Bank Name : **STATE BANK OF INDIA** Branch : **C.I.T. Road, Kolkata**
Account No. : **36542218618** Account Type : **Current account** IFS Code : **SBIN0001140**