



**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 : 5 yrs experience post MD/MS/DNB in OBG/ Paediatrics & 10 yrs post DGO, DCH)

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. 25,000/- in the name of **NARCHI** for the Fellow membership. (Life Membership – Rs.3000/-, Fellowship – 15,000/-, Conference registration – Rs.5000/- & Donation – Rs.2000/-).

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 no.** **WhatsApp No.**

PAN No. **Email :**

Date of Birth

EDUCATIONAL QUALIFICATION

M.D. (Obs / Gyn) M.S. (Obs/ Gyn) DNB (Obs/ Gyn) DGO
Year **Year** **Year** **Year**

MD (Paediatrics) M.S. DNB (Paediatrics) DCH
Year **Year** **Year** **Year**

Signature _____

Payment Type:

Cheque No. **Bank & Branch :**
 Demand Draft No. **Bank name** Cash

Bank details for RTGS or payment transfer

A/c Name : **NARCHI** **Bank Name : HDFC BANK LTD** **Branch : Moulali Road, Kolkata**
Account No. : 50100241760299 **Account Type : Savings** **IFS Code : HDFC0000428**

Photo Copy Acceptable



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Life Membership Application Form

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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 no.

WhatsApp No.

Date of Birth

Email :

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 _____