



**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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**email : narchihq@gmail.com Website : www.narchi.org**

**Application Form for Obstetrics / Gynaecology Hospital Affiliation**

Before filling up the form please secure a copy of ICMCH prospectus 2011

Fix your  
photo  
here

**To,  
The Dean  
Dr. C. S. DAWN ICMCH, Kolkata**

**Sir/ Madam,**

I apply to get under named Obs/Gyn Hospital affiliated by Dr. C. S. Dawn ICMCH for teaching training of DFW/Dip. G. O/ DRCH course.

I enclose photographs of front view of hospital, patients at OPD, Wards, Equipments, Private room, OT, USG, and Ambulance (if any) of the hospital.

**NAME OF THE HOSPITAL :**

Address (in Block Letters) :

City / Town :

State/ Province :

Pin Code:

Phone No :

email :

**FELLOW GUIDE'S NAME :**

**Qualification :**

Residential Address :

City / Town :

State/ Province :

Pin Code:

Cell Phone :

Phone :

Email :

**Attach bio data with photo**

Working daily 5 hours from 9 am to 2 pm:

**Co GUIDE'S NAME :**

**Qualification**

Email :

**Co GUIDE'S NAME :**

**Qualification**

Email :

**Co GUIDE'S NAME :**

**Qualification**

Email :

## Hospital Facilities

Floor Space (in sq.ft)  No. of Floor  Founded on

No. Obs / Gyn beds  Daily bed charges (in RS.)

No. of beds other than Obs / Gyn

Duty Room for trainee for emergency duty ☐ Yes ☐ No

Library ☐ Yes ☐ No

Basic Lab. facilities ☐ Yes ☐ No

All teaching facilities ☐ Yes ☐ No

Particulars of work in the hospital/ Maternity home (one year work)

Total Deliveries  Caesarean Section  MTP

Spontaneous abortion  Septic abortion  Maternal Death

Antenatal clinic daily or days/ week  Average antenatal Cases (Daily)

No. High Risk Obstetrics Cases  No. Forceps / Vacuum Ext. deliveries Cases

DAWN partography to practise ☐ Yes ☐ No

No. of Contraceptions distributed  Oral Contraceptive

Copper device insertion  Copper device with MTP

Tubectomy Postpartum  Interval minilap  Laparoscopy Tubectomy

Diagnostic Laparoscopy ☐ Yes ☐ No

Gynaecological daily or days/ week  Average daily Gynaecological cases

OPD (Obs/Gyn) Patient consultation fee  No of Abdominal/Wardmayo hysterectomy   
in a year

Genital Prolapse repair  D & C

Neonatal Nursery Care: ☐ Yes ☐ No

Paediatrician: ☐ Yes ☐ No

Vaginal delivery Charge (Package)  Caesarean Section Charge (Package)

**I abide by prospectus 2011 rules.**

**Date**

**Signature**

**Name**

**Seal of Hospital**

**Designation**

**for any other query email to HQ <narchihq@gmail.com>**