



**NATIONAL ASSOCIATION FOR REPRODUCTIVE
AND CHILD HEALTH OF INDIA (NARCHI)**

DR. C.S. DAWN, INDIAN COLLEGE OF MATERNAL & CHILD HEALTH (ICMCH)

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Application Form for Child Health Hospital Affiliation

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

Fix your
Photograph
here

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

Sir/ Madam,

I apply to get under named Child Health Hospital affiliated by Dr. C. S. Dawn ICMCH for running 2 years Dip. C. H. course.

NAME OF THE HOSPITAL:

Address (in Block Letters) :

City/ Town

State/ Province:

Pin Code

Phone No :

Email :

FELLOW GUIDE'S NAME (Senior Pediatrician)

Residential Address :

City/ Town

State/ Province:

Pin Code

Cell Phone :

Phone :

Email :

Co GUIDE'S NAME (Pediatrician)

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:

☐ Yes

☐ No

Hospital Facilities

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

Neonatal Intensive Care cots No. Paediatric Bed No.

No. of Indoor admission per month

OPD Work New Cases (Daily) Old Cases (Daily)

OPD Patient consultation fee (in Rs.)

Hospital Patient daily bed charges (in Rs.)

Medicines prescribed is standard and basic drugs: ☐ Yes ☐ No

Duty Room for trainee for emergency duty ☐ Yes ☐ No

Library ☐ Yes ☐ No

All teaching facilities ☐ Yes ☐ No

Ultrasound or Referred Basic Lab Facilities or Referred Basic Equipments: ☐ Yes ☐ No

Name:

Incubator No:

Photo therapy ☐ Yes ☐ No

Other facilities

Date

Signature of Fellow Guide

for any other query email to HQ