



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

25B, C.I.T. ROAD , ENTALLY, KOLKATA - 700014, WEST BENGAL

Phone: 91-974877 5767

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

## 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 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 \_\_\_\_\_

### Payment details :

Cheque / Draft No.

Date :

Bank & Branch :

Cash

### Bank details for RTGS or payment transfer

A/c Name : **NARCHI** Bank Name : **INDIAN OVERSEAS BANK** Branch : **Ananda Palit Road, Kolkata**  
Account No. : **110801000003651** Account Type : **Savings** IFS Code : **IOBA0001108**