



**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: 91-974877 5767**

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

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

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

Fix your  
photo  
here

**Sir/ Madam,**

I apply to get under named Obs/Gyn Hospital affiliated by Dr. C. S. Dawn ICMCH for teaching training of 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  Laproscopy Tubectomy

Diagnostic Laproscopy  Yes  No  
Ultrasound Unit  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)

**Date**

**Signature**

**Name**

**Seal of Hospital**

**Designation**