



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

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Website : www.narchi.org

Application Form for Child Health Hospital Affiliation

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

- 1.
- 2.
- 3.
- 4.
- 5.

Date

Signature

Name

Seal of Hospital

Designation