

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

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

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Hospital Details for Obs-Gyn Study Centre

To, The Dean, NARCHI - Dr. C. S. DAWN ICMCH, Kolkata			
Sir/ Madam,			
I am interested in affiliation of my/ our hospital for teaching programme organized by NARCHI & Dr C S Dawn ICMCH for various courses.			
NAME OF THE HOSPITAL:			
Proprietorship/ Private Ltd/ Limited/ Trust	(please mention) :		
Owner of the Hospital –:			
Address (in Block Letters):			
City / Town :	State/ Province :	Pin Code:	
Phone No :	email :		
FELLOW GUIDE'S NAME (for DGO/ DRCH	H):		
Qualification (with year):			
Residential Address :			
City / Town:	State/ Province :	Pin Code:	
Cell Phone :	Phone: Ema	il:	
Co GUIDE'S NAME:	Qualification(with year)	Email :	
Hospital Facilities			
Floor Space (in sq.ft)	No. of Floor	Founded on (year)	
No. Obs / Gyn beds	Daily bed charges (in RS.)		
No. of beds other than Obs / Gyn			
Duty Room for trainee for emergency duty	y Yes 🔾	No 🔾	
Library Yes O No O	Basic Lab. facilities	Yes O No O	

Particulars of work in the hospital/ Maternity home (one year work)		
Total Deliveries in 1 calendar yr (12 months) 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		
Foetal Monitor Cardio Tocograph Machine		
WHO partography used in labour room Yes O No O		
Paediatrician: Yes O No O		
NICU Warmer Phototherapy		
No. of Contraceptions distributed (average per month) Oral Contraceptive		
Copper device insertion Copper device with MTP		
Other Contraceptive in your day to day practice -		
Tubectomy Postpartum Interval minilap Laproscopy Tubectomy		
Laproscopy Yes / No Operative Lap Yes / No Hysteroscopy Office O Operative O Diagnostic		
Ultrasound Unit Yes / No No of Machines Colour Doppler		
ART IUI O IVF O ICSI O		
Any upgraded ART technique in practice :		
Gyanaecological OPD days/ week Average daily Gynaecological OPD Nos		
OPD (Obs/Gyn) Patient consultation fee No of Abdominal/Wardmayo hysterectomy in a year		
Genital Prolapse repair No per Year D & C per year		
Hysterectomy - LAVH TLH By Laparotomy		
Digital Colposcope Average No of cases per year		
Vaginal delivery Charge (Package) Caesarean Section Charge (Pakage)		
Hysterectomy Charge (Package)		
Date Signature		
Name		
Seal of Hospital Designation		