



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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Hospital Details for Paediatric Study Centre

To,
The Dean
NARCHI - Dr. C. S. DAWN ICMCH, Kolkata

Sir,

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 (Senior Pediatrician) for **DCH/ CRCH**

Detail Qualification (with year)

Residential Address :

City/ Town

State/ Province:

Pin Code

Cell Phone :

Phone :

Email :

Co GUIDE'S NAME (Pediatrician)

Qualification (with year) :

Residential Address :

Hospital Facilities

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

NICU bed Nos. PICU Bed Nos. Paediatric Bed Nos

Total Bed in the hospital Bed other than Paediatrics

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 (average)

Duty Room for trainee RMO Yes No Library Yes No

Ultrasound: Yes No Basic Pathology Yes No

List of other facilities & Equipment (give details)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

More -

Date

Signature

Name

Seal of Hospital

Designation

PLEASE PRINT THIS FORM AND SEND TO NARCHI HQ, KOLKATA BY SPEED POST/ COURIER