



**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 / admin@narchi.org Website : www.narchi.org

Fix your  
photo  
here

## Fellow Membership Application Form

**(Eligibility : 5 yrs experience post MD/MS/DNB in OBG/ Paediatrics & 10 yrs post DGO, DCH)  
(or Eminent worker / Peers in RCH for NARCHI)**

To,  
The Secretary General, NARCHI - ICMCH  
25B, C. I. T. Road, Kolkata - 700 014

Sir,

I would like to apply for the Fellow Member of Dr. C S Dawn Indian College of Maternal and Child Health (ICMCH)

I am remitting Demand Draft/ CTS cheque for **Rs. 35,400/-** or **Rs. 29,500/-** (who are already Life member) in the name of **NARCHI**. (Life Membership Rs.5,000/-, Fellowship – 20,000/-, Conference Registration – Rs.5000/- + 18% GST Rs. 5,400/-)

I will use FICMCH along with my degree in my letterhead pad after I attend the convocation to receive Fellowship.

**NAME** (in Block Letters) :

**ADDRESS** (in Block Letters) :

**City / Town :**

**Pin Code** (Compulsory):

**State / Province :**

**Phone no.**

**WhatsApp No.**

**Email :**

**PAN No.**

**Aadhar No.**

**Date of Birth :**

### EDUCATIONAL QUALIFICATION

MD/ MS/ DNB (Obs / Gyn)

Year

DGO

Year

MD/ MS/ DNB (Paediatrics)

Year

DCH

Year

Other Qualification

Year

**Signature** \_\_\_\_\_

### Payment Type:

Cheque/ Demand Draft No.

Bank & Branch :

Cash

### Bank details for RTGS or payment transfer

A/c Name : **NARCHI**

Bank Name : **HDFC BANK LTD**

Branch : **Moulali Road, Kolkata**

Account No. : **50100241760299**

Account Type : **Savings**

IFS Code : **HDFC0000428**

**Enclosure** : Photo copy of PG Certificate and Pan/ Passport/ DL

\_\_\_\_\_  
**Proposer**

\_\_\_\_\_  
**E.C. Member**

\_\_\_\_\_  
**Secretary General, NARCHI**



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

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Phone: 91-974877 5767 email : narchihq@gmail.com/ admin@narchi.org 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.**

**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 if applicable)

### EDUCATIONAL QUALIFICATION

MBBS / DGO  
Year

M.D./ M.S. (Obs / Gyn)  
Year

BAMS / BHMS/ BUMS  
Year

MD/ MS (Paed) or DCH  
Year

M.S. Surgery  
Year

Others  
Year

### QUALIFICATION for non - physician Profession

### PRESENT APPOINTMENT / ENGAGEMENT

Signature \_\_\_\_\_

\_\_\_\_\_  
Proposer

\_\_\_\_\_  
E.C. Member

\_\_\_\_\_  
Secretary General, NARCHI