



**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: 91-33-2249 5767/ 0-974877 5767 Fax: 91-33-2249 5767  
email : narchihq@gmail.com / csdawn\_icmch2006@yahoo.co.in 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)

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. 25,000/-** or **Rs.22,000/-** (already Life member) in the name of **NARCHI** for the Fellow membership. (Life Membership – Rs.3000/-, Fellowship – 15,000/-, Conference registration – Rs.5000/- & Donation – Rs.2000/-).

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

☐ M.D. (Obs / Gyn)  
**Year**

☐ M.S. (Obs/ Gyn)  
**Year**

☐ DNB (Obs/ Gyn)  
**Year**

☐ DGO  
**Year**

☐ MD (Paediatrics)  
**Year**

☐ M.S.  
**Year**

☐ DNB (Paediatrics)  
**Year**

☐ DCH  
**Year**

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

### Payment Type:

☐ Cheque No.

Bank & Branch :

☐ Demand Draft No.

Bank name

☐ 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**

Photo Copy Acceptable



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email : narchihq@gmail.com 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)

### EDUCATIONAL QUALIFICATION

☐ MBBS  
Year

☐ D.G.O.  
Year

☐ M.D. (Obs / Gyn)  
Year

☐ Paediatrics MD/DCH  
Year

☐ M.S. Surgery  
Year

☐ Others  
Year

### QUALIFICATION for non - physician Profession

**Teaching Experience (Year)**

**PRESENT APPOINTMENT**

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