



**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 Website : www.narchi.org

## Application Form of Jr. Midwife Course

Fix your  
photo  
here

To,  
The Dean  
Dr. C.S. Dawn ICMCH, Kolkata

Sir/ Madam,

I like to be admitted into Junior Midwife Course for one year. I have sent Rs. 4,000/- DD or CBS cheque for Admission (including Examination Fee). I also agree to pay Rs.2000/- as Fellow Guide fee & Rs. 1000/- for Examination fee to the Fellow Guide.

**NAME** (in Block Letters) :

**FATHER/ HUSBAND'S NAME** :

**ADDRESS** (in Block Letters) :

**City / Town** :

**Pin Code** (Compulsory):

**State / Province** :

**Phone/ Cell Phone**

**Email** :

**Date of Birth**

**SIGNATURE**

### EDUCATIONAL QUALIFICATION

☐ MADHYAMIK (CLASS X)  
Year

☐ H. S. (10+2)  
Year

☐ GRADUATION  
Year

☐ NURSING/ OTHERS  
Year

SCHOOL LEAVING (in year)

Read & Write English

☐ Yes

☐ No

Read & Write Mother Tongue(name)

**NAME OF THE HOSPITAL WHERE TRAINING WILL BE TAKEN :**

**COURSE PERIOD : FROM \_\_\_\_\_ TO \_\_\_\_\_**

**NAME OF THE FELLOW GUIDE :**

**SIGNATURE OF FG .....**

**ADDRESS :**

**Mobile No. :**

**email :**

### Payment Type:

☐ Cheque No.

Bank & Branch :

☐ Demand Draft No.

Bank name

☐ Cash

**Photo Copy Acceptable**