



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

25B, C.I.T. ROAD, ENTALLY, KOLKATA - 700014, WEST BENGAL
Phone: 91-974877 5767 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**.

I am remitting Demand Draft/ CTS cheque for Rs. 5,900/- (including GST 18%) in favour of **NARCHI**.

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 _____

Payment details :

Cheque / Draft No.

Date :

Bank & Branch :

Cash

Bank details for RTGS or payment transfer

A/c Name : **NARCHI** Bank Name : **INDIAN OVERSEAS BANK** Branch : **Ananda Palit Road, Kolkata**
Account No. : **110801000003651** Account Type : **Savings** IFS Code : **IOBA0001108**

Proposer

E.C. Member

Secretary General, NARCHI