



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/- 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. I pledge to read DAWN Textbook and distribute calendar life long.

**NAME** (in Block Letters) :

**ADDRESS** (in Block Letters) :

**City / Town :**

**Pin Code** (Compulsory):

**State / Province :**

**Phone/ Cell Phone**

**Email :**

**Date of Birth**

**PAN No.**

### 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

**Photo Copy Acceptable**



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## Life Membership Application Form

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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/ Cell Phone**

**Email :**

**Date of Birth**

**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 \_\_\_\_\_