



# 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

## Life Membership Application Form

Fix your  
photo here  
With  
signature

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 /RTGS/Cash for Rs. 3000/- in favour of **NARCHI DELHI BRANCH** for the membership (for MBBS doctors).

(For all others including Ayush Doctors Life Membership fee is Rs.1000/-).

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 \_\_\_\_\_

**Payment details :**

Cheque / Draft No.

Date :

Bank & Branch :

Cash

**Bank details for RTGS or payment transfer**

A/c Name : NARCHI DELHI BRANCH Bank Name : CENTRAL BANK OF INDIA

Branch : LADY HARDINGE MEDICAL COLLEGE AND HOSPITAL BRANCH, Account No. :

3529874897 Account Type : CURRENT

IFS Code : CBIN0283462