



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

DR. C.S. DAWN, INDIAN COLLEGE OF MATERNAL & CHILD HEALTH (ICMCH)

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Membership Application Form

To,
Secretary General, NARCHI
25B, C. I. T. Road,
Kolkata - 700 014

Sir,

I apply to be the life member of **NATIONAL ASSOCIATION FOR REPRODUCTIVE AND CHILD HEALTH OF INDIA**. I am remitting Demand Draft for Rs. 1000/- or outstation cheque for Rs. 1030/- (Rs. 30/- extra as Bank Charges) or Cash of Rs. 1000/- in the name of NARCHI for the membership.

Optional: I also send Rs. 1000/- D/D for DAWN BOOKS for all new books written by C. S. DAWN for my standard practice.

NAME (in Block Letters):

Address (in Block Letters):

City / Town:

Pin Code (Compulsory):

State/Province:

Gender

Female

Male

Cell Phone:

Phone:

Date of Birth:

Date:

Educational Qualification

MBBS

D.G.O.

M.D. (Obs / Gyn)

Year

Year

Year

Paediatrics MD/DCH

M.S. Surgery

Others

Year

Year

Year

Qualification for non - physician

Profession

Consulting Obstetrician Year

Paediatrician Year

Others Year

Surgeon Year

Teaching Experience (Year)

PRESENT APPOINTMENT

Payment Type:

Cheque

Demand Draft

Cash

Cheque No.:

Demand Draft No: