



**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

Admission Test Application Form

Fix your
photo
here

To,
Dr. Chandravati, Dean
Dr. C S Dawn Indian College of Maternal & Child Health (ICMCH)
25B, C. I. T. Road,
Kolkata - 700 014

Madam,

I apply to sit for Admission Test of Courses starting from 1st May.
I have sent Rs.1000/- DD in the name of NARCHI
I agreed abide by Rules of ICMCH Prospectus 2009.

NAME (in Block Letters) :

ADDRESS (in Block Letters) :

City / Town :

Pin Code (Compulsory):

State / Province :

Phone/ Cell Phone

Email :

Date of Birth

Name of the Medical College from where you qualified your graduation

MBBS

BAMS.

BHMS

Year

Year

Year

Name of the Course :

Name of the Hospital you like to work

GIVE PREFERENCES OF YOUR FELLOW GUIDE

Email of Fellow Guide :

Signature _____

Payment Type:

Cheque No.

Bank & Branch :

Demand Draft No.

Bank name

Cash

Photo Copy Acceptable