



**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

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## Fellow Membership Application Form

Fix your  
photo  
here

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

Sir,

I apply to be the Fellow member of **Dr. C S Dawn Indian College of Maternal and Child Health (ICMCH)**

I am remitting Demand Draft/ CBS cheque for Rs.5,000/- or outstation cheque for Rs. 5,050/- (Rs. 50/- extra as Bank Charges) in the name of NARCHI for the Fellow membership.

I am already Life Member of NARCHI. (attach photocopy of Membership Certificate)

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

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**

### 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 Type:

Cheque No.

Bank & Branch :

Demand Draft No.

Bank name

Cash

**Photo Copy Acceptable**