



**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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Fix your  
photo  
here

## Life Membership Application Form

To,  
The 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/ CBS cheque for Rs. 1000/- or outstation cheque for Rs. 1050/- (Rs. 50/- extra as Bank Charges) 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 :**

**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 Type:**

Cheque No.

Bank & Branch :

Demand Draft No.

Bank name

Cash

**Photo Copy Acceptable**