

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: 91-974877 5767

Email: narchihq@gmail.com Website : www.narchi.org

Application for DRCH Admission ONE YEAR COURSE FOR BHMS, BAMS, BUMS

Fix your
Passport
Size
photo here

SESSION – I : 1st June to 31st May (last date for application – 31st May)

SESSION – II : 1st December to 30th November (last date – 30th November)

EXAMINATION CENTRE : KOLKATA (Permanent Centre)

LUCKNOW centre to be declared from time to time

To,
The Dean
Dr. C. S. DAWN Indian College of Maternal & Child Health (ICMCH)
25B, C. I. T. Road
Entally
Kolkata – 700014

Sir,

I like to get admitted in Residency Training for DRCH course of NARCHI – ICMCH and submitting the details as required in the following page.

I am also enclosing a CBS cheque of Rs. 42,000/- in the name of NARCHI and four passport size photographs (name written on the back).

Yours sincerely,

Signature of Candidate

Enclosed attested Photocopies of the following (Compulsory):

1. BAMS/ BHMS/ BUMS Passing Certificate, internship completion Certificate and Certificate of Registration of relevant state medical council
2. Receipts of Payments of Rs.35,000/- to the Fellow Guide.
3. Demand Draft of Rs.42,000/- in favour of NARCHI (Admission Fee Rs.5000/- for Log Books & Miscellaneous, course fee Rs.30,000/- and Examination Fee Rs.7000/-, Total Rs.42,000/-).
4. Four Passport size photographs.

CANDIDATES BIO DATA

Name (Block Letters) : _____

Father's name :

Date of Birth:

Male/Female:

BAMS/ BHMS/ BUMS (Year):

Date of completion of Internship

Name of Medical College (passed out):

State Council Registration No. (Year compulsory):

Address (Correspondence)

.....

Pin Code..... State

Mobile No. WhatsApp No. Email

Address (Permanent).....

..... Pin Code

Date :

Signature of the Candidate

Fellow guide undertaking (own handwriting):

I, Dr.....do hereby solemnly pledge that I will complete the training programme of my student whom I have enrolled for the course under NARCHI – Dr. C S Dawn ICMCH .

I do understand that if I fail to complete the training of the student, my fellow guide appointment will be cancelled and I am liable for refund of all the remuneration I have received.

Date:.....

Signature of the Fellow Guide (FG)

Fellow Guide's Personal Mobile No.....

Name of the Fellow Guide..... email :

Name and Address of Hospital / Nursing Home of Fellow Guide (in Block Letters)

.....

.....

Pin Code..... State Telephone No.

If the Fellow Guide is a partner or a visiting consultant to the training hospital, the following additional endorsement is requirement.

Training Hospital Agreement: The Hospital agrees to give all facilities to trainee for 1 year working in the hospital.

Signature of Superintendent/ CEO

(Hospital Seal)

This IDENTITY CARD is for DRCH & CRCH candidates. This FORM - to be filled up properly and get signed by Fellow Guide and to be sent to NARCHI - HQ along with the Admission form.

**NATIONAL ASSOCIATION FOR REPRODUCTIVE
AND CHILD HEALTH OF India (NARCHI)
&**



Fix your
stamp size
photo

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

25B, C.I.T. ROAD, ENTALLY, KOLKATA - 700014, West Bengal

IDENTITY CARD

NAME OF THE STUDENT : _____

ROLL NO.

YEAR OF ADMISSION _____ CYCLE-I : JUNE /CYCLE -II : DEC

ADDRESS : _____

PIN CODE _____ MOBILE : _____

NAME OF THE TRAINING HOSPITAL : _____

NAME OF THE PROGRAMME : _____

SIGNATURE AND SEAL OF FELLOW GUIDE

SIGNATURE OF STUDENT

DATE :

**DEAN
DR C S DAWN ICMCH**

**SECRETARY GENERAL
NARCHI - ICMCH**

IDENTITY CARD IS NOT TRANSFERABLE

It is valid only when the identity card of the student is duly attested by the Secretary General, NARCHI - ICMCH, Kolkata.

The address, contact nos and email id cannot be changed during the course period

**NATIONAL ASSOCIATION FOR REPRODUCTIVE AND
CHILD HEALTH OF India (NARCHI)**



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Bengal Phone: 91-974877 5767
Email: narchihq@gmail.com Website : www.narchi.org

Life Membership Application Form

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

Sir,

I am applying for life membership of **NATIONAL ASSOCIATION FOR REPRODUCTIVE AND CHILD HEALTH OF INDIA.**

NAME (in Block Letters) :

Date of Birth :

ADDRESS (in Block Letters) :

City / Town :

Pin Code (Compulsory):

State / Province :

Phone/ Cell Phone :

Email:
(without valid email form is not acceptable)

WhatsApp No. :

EDUCATIONAL QUALIFICATION

MBBS
Year

D.G.O.
Year

M.D. (Obs / Gyn)
Year

Paediatrics MD/DCH
Year

M.S. Surgery
Year

Others
Year

Signature _____