



**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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Phone: 91-974877 5767

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Application Form of Jr. Midwife Course

Fix your
photo
here

To,
The Dean
Dr. C.S. Dawn ICMCH, Kolkata

Sir/ Madam,

I like to be admitted into Junior Midwife Course for one year. I have sent Rs. 4,000/- DD or CBS cheque for Admission (including Examination Fee). I also agree to pay Rs.2000/- as Fellow Guide fee & Rs. 1000/- for Examination fee to the Fellow Guide.

NAME (in Block Letters) :

FATHER/ HUSBAND'S NAME :

ADDRESS (in Block Letters) :

City / Town :

Pin Code (Compulsory):

State / Province :

Phone/ Cell Phone

Email :

Date of Birth

SIGNATURE

EDUCATIONAL QUALIFICATION

MADHYAMIK (CLASS X)
Year

H. S. (10+2)
Year

GRADUATION
Year

NURSING/ OTHERS
Year

SCHOOL LEAVING (in year)

Read & Write English Yes No Read & Write Mother Tongue(name)

NAME OF THE HOSPITAL WHERE TRAINING WILL BE TAKEN :

COURSE PERIOD : FROM _____ TO _____

NAME OF THE FELLOW GUIDE :

SIGNATURE OF FG

ADDRESS :

Mobile No. :

email :

Payment Type:

Cheque No.

Bank & Branch :

Demand Draft No.

Bank name

Cash

Photo Copy Acceptable