"Friends" Enrollment FORM

INDIAN CONFEDERATION FOR HEALTHCARE ACCREDITATION (ICHA)

(Regd. Office: Lal Kothi, 2nd Floor, 3830, Pataudi House Road, Daryaganj, New Delhi – 110002 India) CIN: U85110DL2004NPL129651

The Board of Directors,

Dear Sirs,

I, ______ wish to register with the **Indian Confederation for Healthcare Accreditation (ICHA)** as "Friend" after having understood the purpose/ proposed activities of this Not for profit Section 25 Co. .(now Section 8 Co. Companies Act 2013.)

Paid online / deposited cheque / cash for Rs._____{Minimum Rs. 1000, no max. limit} in Bank of India Br._____ favoring **"Indian Confederation for Healthcare Accreditation".** The proof of payment is enclosed herewith. This payment is eligible for tax exemption U/S 80G of I.T. Act.

I understand this application is subject to approval by ICHA. I agree to abide by the Memorandum and Articles of Association of ICHA.

My particulars are:

1. Name	:	·····
2. Designation	:	Date of Birth:
3. Address Residence	:	Telephone :
		Fax :
Institution (Pl. tick address fo	r Correspondence)	
4. E-mail addres	ss:	
5. Interests & A (Membership No. if		

I would like to be involved in helping ICHA by volunteering my Time and Energy. Yes/No

Yours truly,

Signature



How to Pay?

Online Payment Gateway:-Please log in to www.icha.in and pay online through the gateway

By Multicity Cheque / Cash:-

You can deposit Multicity cheque / cash in any branch of Bank of India to the credit of ICHA (A/c 602510100022364)

By Bank Transfer:-

You can pay through on line transfer if you use on-line banking. ICHA details are as below.

Name of Bank :- Bank of India

Branch Code :- New Delhi

Account Name :- Indian Confederation for Healthcare Accreditation

Account No. :- 602510100022364

IFSC/NEFT Code :-BKID0006025