

DRAFT APPLICATION ON NATIONAL ASSOCIATION'S LETTERHEAD

**The Board of Directors,
Indian Confederation for Healthcare Accreditation (ICHA),**
(Regd. Office: 4304, Gyan Shakti Aptts., Plot No.7, Sector 6, Dwarka, Phase I, New Delhi – 110 075)

Address for correspondence:

C/o Dr. Akhil K. Sangal, D II / A – 2496, Netaji Nagar, **New Delhi – 110 023.**

Phone: 011- 26884335, 24679272. E- mail: ceo@icha.in

Web URL: www.icha.in

Dear Sirs,

We are in receipt of your letter and the Memorandum and Articles of Association of Indian Confederation for Healthcare Accreditation, as also earlier communications in this regard.

After due deliberations and consideration our Association hereby wishes to join as a Subscribing Member of **Indian Confederation for Healthcare Accreditation (ICHA)**. We agree with the broad structure and guidelines and to abide by the Memorandum and Articles of Association.

We enclose herewith Cheque / DD no. drawn on *(Bank name)** dated _____ for Rs. 10,000/- (Rupees Ten Thousand only) payable at Delhi favouring "**Indian Confederation for Healthcare Accreditation**" towards subscription. We understand that this application is subject to acceptance by the Board of Directors of ICHA on our fulfilling the eligibility conditions for MEMBERSHIP.

We hereby nominate the following to represent our Institution

| Name | Designation | Address, Phone, E-mail |
|----------------------|-------------|------------------------|
| 1. | | |
| <i>Alternatively</i> | | |
| 2. | | |
| <i>Alternatively</i> | | |
| 3. | | |

(Please nominate a Delhi based resident representative in case the nominees are not Delhi based to facilitate attendance at meetings. The nominees (any one) may attend the meetings. Nominees would need to actively participate and contribute to the movement and take up responsibilities in the General Body, Technical Council, Board as required. They shall also register as Individual Affiliates.)*

Particulars of Institution:

1. Name:
2. State of Registration: Year: Regn. No.
3. No. of members:
4. National / All India / Local / Regional (Tick one – Please attach a brochure if available)
5. Activities e.g. CPEs, Conferences, Journal – (Please give details)

A copy of resolution / authorization is enclosed.

Sincerely yours,

(Authorized Signatory with Designation)

***Not required on the letterhead, for indication only/ to fill the blanks.**

How to Pay?

By Multicity Cheque :-

You can send by post multi city cheques along with your form. You can also deposit Multicity cheque in any branch of Bank of India to the credit of ICHA (A/c 602510100022364)

By Local Cheque :-

You can send by post local Delhi cheque along with your form. You can also deposit locally a cheque / cash in any branch of **Bank of India** to the credit of ICHA (A/c 602510100022364) in your city.

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 of Healthcare Accreditation**
Account No. :- **602510100022364**
IFSC/NEFT Code :- **BKID0006025**

For the security reason credit card payment facility not available at present.

By Demand Draft :-

Demand Draft should be in favour of "**Indian Confederation of Healthcare Accreditation**", New Delhi.

Please send your forms & Payment (or proof) to address below

Dr. Akhil K. Sangal
CEO-Indian Confederation for Healthcare Accreditation

ADDRESS :-

D II / A - 2496, Netaji Nagar
New Delhi - 110 023 INDIA.
E-mail : ceo@icha.in,
(Personal) akhil.sangal@gmail.com
Phone: +91-11-26884335, 24679272
Mobile: +91-9811061853