

Indian Confederation for Healthcare Accreditation (ICHA)

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

INDIVIDUAL AFFILIATESHIP FORM

Address for correspondence:

B 2 / 211, FF, Safdarjung Enclave, New Delhi – 110 029.

Phone: 011- 26183842. E- mail: ceo@icha.in Web URL: www.icha.in

CIN: U85110DL2004NPL129651

Dear Sir,

I wish to register with the **Indian Confederation for Healthcare Accreditation (ICHA)** as Individual Affiliate 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.1,000/- in Bank of India Br. _____ favoring “**Indian Confederation for Healthcare Accreditation**”. The proof of payment is enclosed herewith. *(For payment options please see overleaf).*

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:** _____ **Designation:** _____ **Age:** _____
Date of Birth: _____
2. **Address: Residence:** _____

Institution:
(Pl. tick address for Correspondence)

3. **Telephone:** _____ **Mobile:** _____
4. **E-mail ID:** _____ **Fax:** _____

5. **Speciality & Association affiliation**
(Membership No. if any)

6. **I would like to contribute to** *(Please tick all applicable)*

- **Writing of processes of Healthcare delivery / Patient Safety Champion**
- **Standards development**
- **Assessor**
- **Faculty on Quality Management Systems / Patient safety**
- **Others – Liaison / fund raising etc.**

I am willing to undergo appropriate training/participate in workshops as necessary. I shall provide my detailed CV when asked for.

Yours truly,

(_____)

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

Please send your forms & Payment (or proof) to correspondence address except for online payment gateway.