

DRAFT APPLICATION ON INSTITUTION'S LETTERHEAD

The Board of Directors,
Indian Confederation for Healthcare Accreditation (ICHA),
(Regd. Office: Lal Kothi, 2nd Floor, 3830, Pataudi House Road, Daryaganj, New Delhi – 110002 India)

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 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 Institution hereby wishes to join as a 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 have paid *online /deposited cheque / cash. (choose option as below later attach proof)* for Rs. 10,000/- (Rupees Ten Thousand only) 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?

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