

ORGANISATIONAL AFFILIATESHIP FORM

Indian Confederation for Healthcare Accreditation (ICHA)

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

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,

We, _____ wish to register with the **Indian Confederation for Healthcare Accreditation (ICHA)** as Individual Organisational Affiliate after having understood the purpose and proposed activities of this Not for profit Section 25 Co.(Now Section 8 of Companies Act 2013)

Paid online / deposited cheque / cash for Rs.10,000/- in Bank of India Br. _____ favoring "**Indian Confederation for Healthcare Accreditation**". The proof of payment is enclosed herewith.

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

The particulars of our designated person are:

1. Name: _____ Designation: _____ Age: _____
Date of Birth: _____

2. Address: Residence: _____

Institution:

(Pl. tick address for Correspondence)

3. Telephone: _____

Mob: _____

4. E-mail ID: _____

Fax: _____

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

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

- Solidarity and Concern to improve Healthcare Quality / Safety
- Faculty on Quality Management Systems/ Patient Safety
- Pilot Site for process implementation (test)
- Process Development and guidelines
- Others – Liaison / fund raising / Sponsorships etc.

We are willing to undergo appropriate training/participate in workshops as necessary.

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.