

ORGANISATIONAL AFFILIATESHIP FORM

Indian Confederation for Healthcare Accreditation (ICHA)

(Regd. Office: 4304, Gyan Shakti Aptts., Plot 7, Sector 6, DWARKA Phase-I New Delhi – 110075)

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 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.

Our Cheque/DD No. _____ for Rs.10,000/- drawn on _____ dated _____ payable at Delhi favoring “**Indian Confederation for Healthcare Accreditation**” 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?

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, ceo_icha@bol.net.in

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