

## ***“Friends” Enrollment FORM***

### **INDIAN CONFEDERATION FOR HEALTHCARE ACCREDITATION (ICHA)**

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

The Board of Directors,

Dear Sirs,

I, \_\_\_\_\_ wish to register with the **Indian Confederation for Healthcare Accreditation (ICHA)** as “Friend” after having understood the purpose/ proposed activities of this Not for profit Section 25 Co.

My Cash / Cheque / DD No. \_\_\_\_\_ for Rs. \_\_\_\_\_ (Minimum Rs. 500/- no maximum limit) drawn on \_\_\_\_\_ dated \_\_\_\_\_ payable at New Delhi favoring “**Indian Confederation for Healthcare Accreditation**” is enclosed herewith. 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** : \_\_\_\_\_

**2. Designation** : \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**3. Address** : \_\_\_\_\_ **Telephone** : \_\_\_\_\_  
**Residence** : \_\_\_\_\_

**Fax** : \_\_\_\_\_

**Institution** : \_\_\_\_\_

(Pl. tick address for Correspondence)

**4. E-mail address:** \_\_\_\_\_

**5. Interests & Affiliations** \_\_\_\_\_

(Membership No. if any)

**I would like to be involved in helping ICHA by volunteering my Time and Energy.** Yes/No

Yours truly,

Signature

**Address for correspondence:**

**C/o Dr. Akhil K. Sangal**

D II / A - 2496, Netaji Nagar

New Delhi - 110 023 INDIA

Email: [ceo@icha.in](mailto:ceo@icha.in) , Personal: akhil.sangal@gmail.com

Phone: 91-11-26884335, 24679272 Mobile: 9811061853

## *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