

INDIVIDUAL AFFILIATESHIP FORM

Indian Confederation for Healthcare Accreditation (ICHA)
(Regd. Office: 4304, Gyan Shakti Apts., Plot No.7, Sector 6, Dwarka, Phase I, New Delhi – 110 075)

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 the Not for profit Section 25 Co.

My Cash/ Cheque/DD No. for Rs.1000/- drawn on _____ dated _____

Payable at 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:

Name: _____

Designation: _____

Age: _____ Date of Birth: _____ Institution: _____

Address: _____

Residence: _____

(Pl. tick address for Correspondence)

Telephone: _____ Fax: _____

E-mail address: _____

Specialty & Association affiliation: _____

(Membership No. if any) _____

I would like to contribute to (Please tick all applicable)

Writing of processes of Healthcare delivery ____

Standards development ____

Assessor ____

Faculty on Quality Management Systems ____

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,

Signature

Address for Correspondence:

C/o Dr. Akhil K. Sangal

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

D II / A - 2496, Netaji Nagar, New Delhi - 110 023 INDIA

ceo_icha@bol.net.in