



## Indian Diploma in Critical Care Nursing

**(This course is run by Indian College of Critical Care Medicine on behalf of ISCCM)**

### Registration Form

(please fill in Capital Letters)

Name : \_\_\_\_\_

Age : \_\_\_\_\_ (DD/MM/YYYY)

Sex M F

Permanent Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Temporary Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Email ID: \_\_\_\_\_

Institution and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

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

Web address: \_\_\_\_\_

Educational Qualification

GNM

BSc Nursing

MSc Nursing

PG Diploma

Others specify

Years of experience    \_\_\_

General Nursing       \_\_\_

Critical care nursing   \_\_\_

Training experience \_\_\_\_\_

ATCN

Others specify

Conferences attended

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Working experience

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Administrative experience

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Membership details ( If any)

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Signature of the applicant

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Signature of the approved teacher/ Course  
Director (With institutional seal)

Date

Place

Please send the completed application form alongwith a draft of Rs 1,000.00 favoring **Indian Society of Critical Care Medicine** to the following address

**Indian Society of Critical Care Medicine**

Unit 6, First Floor,  
Hind Service Industries Premises Co.operative Society,  
Near Chaitya Bhoomi,  
Off Veer Savarkar Marg,  
Dadar,  
Mumbai - 400028

**Telephone No.** 022-24444737 / 022-24460348

**Fax No.** 022-24460348

**Email -**  
[isccm1@gmail.com](mailto:isccm1@gmail.com)