



Indian Society of Critical Care Medicine

Student Form

Indian Fellowship in Critical Care Medicine (IFCCM) [Direct Registration]

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

1.Name: _____

2.Address: _____
_____ City _____

State: _____ Pincode: _____

3.Tel.(O): _____ Tel.(R): _____ Mobile: _____

4.Email: _____ 5.Fax _____

6.Date of Birth: _____ 7. Gender: _____

8. ISCCM Membership Reg. Number*: _____ Applied: _____

9.Qualifications:

| Sr. No. | Qualifications | Name of Certifying Body/ University | Year of Passing |
|---------|----------------|-------------------------------------|-----------------|
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| | | | |
| | | | |

10. Experience other than ICU:

| Sr. | Name of the Hospital | From To | Designation | no. |
|-----|----------------------|---------|-------------|-----|
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| | | | | |
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11. ICU Experience:

| Sr. | Name of the Hospital | From To | Designation | no. |
|-----|----------------------|---------|-------------|-----|
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| | | | | |

12. Publications:

| Sr. no. | Name of the Article | Name of the Journal | Year of Publication |
|---------|---------------------|---------------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |

13. Name of Institute: _____

14. Date of Joining the Course: _____

15. Signature Teacher/s: _____

16. Fee Details:*

| Amount | DD No. | Date of DD | Drawn on (Name of the Bank with branch) |
|--------|--------|------------|---|
| | | | |

Note:* Student form is to be downloaded from www.isccm.org. Student fees & form should be sent to the ISCCM Secretariat.

****Fees are Rs. 20,000/- (Rs. Twenty thousand only). DD should be drawn in favour of "Indian Society of Critical Care Medicine " payable at Mumbai.**