

# MEMBERSHIP APPLICATION FORM



## INDIAN SOCIETY OF Critical Care Medicine

Life/Associate Membership No. \_\_\_\_\_

Secretariat : Unit 13 & 14, First Floor, Hind Service Industries Premises Co-op. Society, Near Chaitya Bhoomi, Off Veer Savarkar Marg, Dadar, Mumbai - 400 028.  
Tel. : 022 - 2444 4737 • Telefax : 022 - 2446 0348 • E-mail : isccm1@gmail.com / generalsecretary@isccm.org • Website : www.isccm.org

**PLEASE  
STICK YOUR  
PASSPORT SIZE  
PHOTOGRAPH**

Note: Staple 1 additional photo for Identity Card

### Personal Information

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex:  Male  Female  Medical  Nursing **Registration No.** \_\_\_\_\_ State (Mandatory) \_\_\_\_\_  
MCI (Optional) \_\_\_\_\_

**Designation** \_\_\_\_\_

Institute Address \_\_\_\_\_

\_\_\_\_\_

Pin \_\_\_\_\_

State \_\_\_\_\_ Tel. \_\_\_\_\_

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

\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Pin \_\_\_\_\_ Tel. \_\_\_\_\_

E-mail \_\_\_\_\_

**(MANDATORY. 1)Aadhar Card No.** \_\_\_\_\_

**2)PLEASE IMMEDIATELY SEND TEST EMAIL AT [membership@isccm.org](mailto:membership@isccm.org) FOR RECORDING YOUR CORRECT EMAIL ID IN RECORDS)**

Mobile \_\_\_\_\_

- Life Member ( Rs.9,180/-)  Associate Life Member (Rs.4,685/-)  Associate Life Member (Nurse) (Rs.2,360/-)  
 Life Member (SAARC) ( Rs.9,180/-)  International Member (US\$699)

Academic degree(s) (with dates of completion / University) \_\_\_\_\_

**Eligibility certificate:** 1) Xerox copy of registration with Medical Council of India/State Medical Council including of Post Graduate Degree/ Diploma Certificate by a recognised university.

2) Post Graduate Degree / Diploma Certificate from recognised university

3) 2 Passport size photo

**Percentage of time spent in Critical Care:**  0-25%  25-50%  50-75%  75-100%

Category of Member	Life Member (Holding PG Degree/Diploma in specialities approved as pre-requisite for IDCCM) (Indian/SAARC country/International)	Associate Life Member (Holding Graduate Degree / Diploma) (Indian/SAARC country/International)
<input type="checkbox"/>	Internal (General) Medicine	<input type="checkbox"/> Registered Nurse
<input type="checkbox"/>	Respiratory Medicine	<input type="checkbox"/> Physiotherapist
<input type="checkbox"/>	Cardiology	<input type="checkbox"/> Pharmacologist/Pharmacist
<input type="checkbox"/>	Surgery	<input type="checkbox"/> Biomedical Engineer
<input type="checkbox"/>	Anaesthesia	<input type="checkbox"/> Nutritionist
<input type="checkbox"/>	Paediatric	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/>	Other (specify) _____	

**Note for Proposer and Seconder :** to the best of our knowledge and belief the above particulars are correct and we consider him / her a fit proper person to be admitted as a member of Indian Society of the Critical Care Medicine.

**\*Proposed by(Mandatory)**

Name of Member: \_\_\_\_\_  
 Membership No.: \_\_\_\_\_  
 Proposer E-mail: \_\_\_\_\_  
 Proposer Mobile: \_\_\_\_\_  
 Signature of Proposer \_\_\_\_\_

**\*Seconder by(Mandatory)**

Name of Member: \_\_\_\_\_  
 Membership No.: \_\_\_\_\_  
 Seconder E-mail: \_\_\_\_\_  
 Seconder Mobile: \_\_\_\_\_  
 Signature of Seconder \_\_\_\_\_

**For Office Use :**

Receipt No. \_\_\_\_\_  
 Received date \_\_\_\_\_ Approved date \_\_\_\_\_  
 Cheque/DD No./Cash/Online \_\_\_\_\_  
 Name of Bank \_\_\_\_\_  
 Total Amount \_\_\_\_\_ Date \_\_\_\_\_

**Membership No. Alloted**

**Signature of Applicant** \_\_\_\_\_

**MEMBERS PRIVACY**

ISCCM respects the Members Privacy for sharing of their contact details with others. You are requested to kindly inform us your choice for sharing of your contact details by putting (✓) mark in the appropriate box below:-

1. I would like to share my contact details with pharma companies for commercial activities and all other Societies/Agencies for conference and academic activities:  Yes  No
2. I would like to share my contact details with all other Societies/Agencies only for conference and academic activities:  Yes  No

Note: If no choice is made, then it will be considered that the member has no objection in sharing his contact details with pharma companies for commercial activities and all other Societies/Agencies for conference and academic activities.

**DECLARATION**

I, \_\_\_\_\_  
hereby solemnly and sincerely declare that, to the best of my knowledge and belief, the above particulars given by me are true and correct. In case if any of the above information is found to be incorrect, it may lead to cancellation of my membership.

Sign: \_\_\_\_\_

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

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Critical Care Medicine (CCM) is an evolving speciality overlapping multiple primary specialities. Recognizing the increasing need to consolidate the field and to promote awareness, continuing education and research in this field, the Indian Society of Critical Care Medicine (ISCCM) was formed on 9th October 1993.

**A. MEMBERSHIP OF THE SOCIETY**

Membership of the Society shall be of 7 categories viz (a) Patron, (b) Founder Life Member, (c) Life Member, (d) Associate Life Member, (e) Honorary Life Member, (f) Corporate Life Member, (g) International Life Member

**\*I) Eligibility Criteria for Various Memberships:**

**LIFE MEMBER** Postgraduation in specialities approved as pre-requisite for IDCCM. The postgraduate degree or diploma must be recognised by Medical Council of India. Candidates applying for Life Membership must confirm active interest and work in Critical care.

**ASSOCIATE LIFE MEMBER** Person from medical, nursing or technical background, with an active interest in CCM but not fulfilling the criteria for Life member. They shall have no voting rights nor shall they contest any position in the Executive Committee.

**HONORARY LIFE MEMBER** Person of renown, who has made outstanding contribution to the field of CCM. To be nominated by unanimous vote of Executive Committee & to be rectified by simple majority of the General Body. They shall have no voting rights nor shall they contest any position in the Executive Committee.

**INTERNATIONAL MEMBER** Life member but from a country other than India. They shall have no voting rights nor shall they contest any position in the Executive Committee.

**\*\*ii) Membership Procedure**

The Executive Committee shall have the authority to admit / reject applications to all categories of membership to be decided at the Executive Committee Meeting. However conversion of an existing Associate member to a Life member shall be done on payment of appropriate fees and furnishing necessary documents with information to the Executive committee at the Executive Committee meeting. All decisions taken regarding membership applications at the National Executive Committee Meeting shall be final and binding on all applicants.

The membership application shall be in the form prescribed by the Executive Committee and shall be duly proposed and seconded by existing valid members. It shall be accompanied by **documentary evidence of eligibility, qualification.**

**\*iii) Membership Fees:**

Fees shall be as follows Life Member Rs.9,180/- , Associate Life Member Rs. 4,685/- , Associate Life Member (Nurse) Rs.2,360 /-. International Member \$ 699 (SAARC Countries Rs.9,180/- , Honorary Life Members shall pay no fees.

**\*iv) Online Membership Application Submission Details:**

Please go to online submission at [www.isccm.org](http://www.isccm.org)

**\*v) Cessation of Membership**

The Executive Committee by 2/3 majority of total members may remove the name of any member from the Register of Members for gross misconduct after giving him a proper opportunity to defend himself and a hearing in person.