



Indian Society of Critical Care Medicine

Student Form

POST MBBS CERTIFICATE COURSE IN CRITICAL CARE

(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. E-mail: _____ 5. Fax: _____

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

8. Teacher of Post MBBS Course _____

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

10. Qualifications:

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

11. Experience other than ICU:

Sr.	Name of the Hospital	From To	Designation	no.

12. ICU Experience:

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

13. Publications:

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

14. Name of the Institute: _____

15. Date of Joining the Course: _____

16. Signature Teacher/s: _____

17. Fees Details: **

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

Encl: 1) Demand Draft

2) MBBS Degree Certificate & MCI Registration Certificate

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.**

You must first be accepted in an accredited institution and your teacher should sign the above form. You should also become Associate Life Member of ISCCM.

You have to complete the entire duration of training in the same institution under the same teacher.