

**NOMINATION FORM FOR  
FELLOW OF INDIAN COLLEGE OF CRITICAL CARE MEDICINE (FICCM)**

**Section I**

Name: .....

Father's Name: .....

Nationality: .....

Age/Sex: .....

Mailing Address.....

City .....State .....

Pin Code.....

Phone No. .... Mobile No. ....

Fax No. .... E-mail id .....

## Section II

### Academic qualifications (Degree/Diploma/ Fellowship):

<b>Degree/Diploma</b>	<b>Subject</b>	<b>Name of Institution/University</b>	<b>Year of Passing</b>

### Work Experience:

<b>Designation</b>	<b>Institution/Hospital</b>	<b>Duration</b>	<b>Month/Year From : to</b>

**Special Training (If any)**

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**Awards, Honours and Scholarships:**

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**Membership in Professional Societies:**

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**Contribution to Indian Society of Critical Care** (Including membership of executive bodies, organization of Conferences, CMEs and workshops, Examinerships for critical care College exams such as IDCCM and IFCCM, participation in workshops, conference as faculty)

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**Research Publications (Attach list of publications if necessary)**

- 1.
- 2.
- 3.
- 4.
- 5.

**References:** Please provide names of three referees with whom you have worked in the field of critical care

1. Name :

Affiliation and Postal Address:

E-Mail Id

Phone number:

2. Name:

Affiliation and Postal Address:

E-Mail Id:

Phone number:

3. Name :

Affiliation and Postal Address:

E-Mail Id

Phone number:

## DECLARATION

I, undersigned, declare that the information provided by me is true to best of my knowledge. I also confirm that I spend at least 50% of my professional time in the field of Critical Care Medicine. I authorize the Indian College of Critical Care Medicine to seek any information from my previous and present Employer/referee in order to aid in my application for fellowship in critical care medicine.

Name: .....

Signature:

Place:

Date :