PART –I
GENERAL INFORMATION

1. Name and address of the Institution (including PIN Code)
   i. Website: ____________________________
   ii. Email: ______________________________
   iii. Address ________________________________
   iv. Phone: ________________________________
   v. Fax: ________________________________

2. Year in which established:

3. Total Number of beds in the Hospital:


5. Is the hospital recognized by MCI/DNB/ISCCM for
   a. Internship [1] ☐ 
   b. PG/Post doctoral courses [3] ☐
   c. Courses
      i) PG ☐
      ii) Superspeciality Course(FNB & DM Critical Care) ☐
      iii) Other Subject ☐

   Please mention the number of seminar rooms/conference room with their seating capacity
   a) No. of Seminar /conference rooms_______________
   b) Seating Capacity______________________

6. Mention the name of various audio-visual aids available
   in the auditorium/seminar/conference rooms.
      : Projector ☐
      : Laptop ☐
      : Mikes ☐
      : Sound system ☐
      : Overhead Projector ☐

7. Duty Rooms available for resident. Yes ☐ No ☐

8. Amount of Stipend to be paid to ISCCM Trainees per month
   IDCCM_____________________
   CTCCM_____________________
   IDCCN_____________________

9. Proposed security deposit charged from the ISCCM trainees if any)
   IDCCM_____________________
   CTCCM_____________________
   IDCCN_____________________
Details of Academic Coordinator
Name_______________________
Email id:____________________________
Mobile:_______________________________

PART—II

CRITICAL CARE MEDICINE & RELATED INFORMATION

i) Total Number of beds in the Critical care Units
ii) Name the allied specialties, exposed
iii) Whether all the specialties are located in the same campus (Y/N)
iv) Number of beds in the Casualty Services
v) Whether Residents are exposed to handle emergency service (Y/N)

<table>
<thead>
<tr>
<th>Category wise Bed strength</th>
<th>Total ICU Beds</th>
<th>HDU</th>
<th>PICU</th>
<th>NICU</th>
<th>MICU</th>
<th>Cardio Thoracic ICU</th>
<th>Neurosurgical ICU</th>
<th>Misc.</th>
</tr>
</thead>
</table>

Case distribution record in the ICUs during last 3 years.

<table>
<thead>
<tr>
<th>Year</th>
<th>Cardiology</th>
<th>Trauma</th>
<th>Surgery</th>
<th>OBG</th>
<th>Sepsis</th>
<th>Toxicology</th>
<th>Respiratory</th>
<th>Misc.</th>
<th>Total Admission</th>
<th>MISC.</th>
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</table>

Record Keeping
Details of Medical records system for the department.(Please attach a copy of the record form.): Electronic/ Manual
a) Death Records
b) M.L.C. Record
c) Admission Record
d) Discharge Record
e) Transfer Record
f) Radiology Record
g) Lab Record
h) Etc.

Proposed Teaching staff/Consultants:-

a. Details of Critical Care Faculty
Proposed teaching schedule for Post MBBS/IDCCM/IFCCM [please attach a copy of a Time table]

Academic Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number per month</th>
<th>Name of resource person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed-side Clinics</td>
<td></td>
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<tr>
<td>Death review Meetings</td>
<td></td>
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<tr>
<td>Clinico-Pathological Meeting</td>
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<tr>
<td>Journal Club</td>
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<td>Seminar</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

Policies and procedures

- Patient care responsibility: Yes ☐ No □
- Nursing protocols (documents): Yes ☐ No □
- Medical protocol documents: Yes ☐ No □
- Adverse events audit: Yes ☐ No □
- Patient care audits: Yes ☐ No □
- List of procedures performed: Yes ☐ No □
General Information related to organization of ICU:
   i. List of Equipment in the ICU related to Critical care Medicine
   ii. No. of Nurses in the ICU per shift ______________________________
   iii. Ratio of Nurses to Patient in ICU ______________________________

Supportive Services investigations carried out during the last three years(upload the file)

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Pathology</th>
<th>Biochemistry</th>
<th>Microbiology</th>
<th>Radiology</th>
<th>Blood Bank</th>
<th>Any Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year I</td>
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<td>Year II</td>
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<td>Year III</td>
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</table>

Library

Text books available in Critical Care Medicine :

<table>
<thead>
<tr>
<th>Name of the Book</th>
<th>Name of the Author</th>
<th>Date of Publication</th>
<th>Edition</th>
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</table>

Electronic / Online Library

<table>
<thead>
<tr>
<th>Name</th>
<th>From Date</th>
<th>To Date</th>
<th>Proof of Subscription</th>
</tr>
</thead>
<tbody>
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</table>
6. Kindly provide the list of Journals

<table>
<thead>
<tr>
<th>Name of Journal</th>
<th>Name of Publisher</th>
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<tbody>
<tr>
<td>E- Journal</td>
<td>Printed Copy</td>
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Other Information

No. of Reading Rooms___________________________

II. No. of staff in the Library with their qualifications_______________________

III. Teleconferencing reception equipment available/not available? Yes ___ No

Library Timings

a. On working days ________________

b. On holidays____________________

Please indicate special facilities available in the library or in an associated hospitals/Institution

Special facilities

- Internet [☐]
- Printer facilities [☐]
- Photocopy facility [☐]
- Teleconferencing equipment [☐]
- Other ______________________

Is there a Departmental Library Yes [☐] No [☐]
**Undertaking**

b. Each Teacher/Consultant will spend at least 8-10 hrs / week for teaching of IDCC/IFCC candidates as per the curriculum so as to complete the curriculum.
c. Hospital / institute will provide facilities and time for research work as well as to attend ISCCM organized conferences/Workshops to IDCC/IFCC candidates.
d. In case a Teacher leaves they will continue to provide training to the trainee.
e. Hospital will inform the ISCCM within one week of leaving/joining of faculty.

**Date:**

**Director/H.O.D./Consultant, Critical Care Medicine**  
**Signature of Head of Institute**

**Note:**

1) Institute & teacher accreditation form should be sent along with institute accreditation fees to the ISCCM secretariat office Mumbai.

2) A fee for the institute accreditation is Rs. 59,000/- (including GST). Demand Draft should be drawn in favour of "Indian Society of Critical Care Medicine" Payable at Mumbai. (ISCCM will arrange stay & travel of Inspector and hospital will have to arrange for local travel & hospitality of the inspector for institute inspection).

3) Institute is requested to send 1 complete set of institute form with copies of all certificates/ documents to ISCCM office along with the soft copy of the same.