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. Year of recognition by ISCCM:

4. Date of next Re-inspection:

5. Total Number of beds in the Hospital:

6. Status of the Hospital please mark (/) :  

7. Is the hospital recognized by MCI/DNB/ISCCM for
   a. Internship [1]
   b. For-house job [2]
   c. PG/Post doctoral courses [3]
   d. DCCM/IFCCM/Post MBBS [4]

8. Annual Budget of the hospital for preceding three years: 
   i ii iii

9. Please mention the number of seminar rooms/conference room with their seating capacity.

10. Mention the name of various audiovisual aids available
    in the auditorium/seminar/conference rooms.
    : Projector
    : Laptop
    : Mikes
    : Sound system
    : Overhead Projector

11. Has the Hospital has availability of Residential rooms for residents on duty?

12. Amount of Stipend being/ to be
    paid to ISCCM Trainees per month

13. Security deposit being charged from the ISCCM trainees. If any
PART—II
CRITICAL CARE MEDICINE & RELATED INFORMATION

14.

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 :

iv  Number of beds in the Casualty Services :

v  Are casualty services available round the clock :

vi  Whether Residents are exposed to handle
        emergency services :

<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>

15. 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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

16. IPD record in the Hospital during the last three calendar years.

17. Has the Institution provided any special facilities/
    training for the IDCC Residents/IFCCM Fellows/Post MBBS Certificate course
    (Please name the facilities) :

18. Date of expiry of last renewal :

19. Deficiencies/Comments of the
    Inspector communicated to the institution
    and the action taken thereon :
    (Please attach a separate sheet. if necessary)

20. Track record of all the candidates registered
    with the institution in the IDCCM/IFCCM/Post MBBS Certificate :

<table>
<thead>
<tr>
<th>Candidates</th>
<th>Registered</th>
<th>Left</th>
<th>Appeared</th>
<th>Passed</th>
<th>Failed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year I</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year II</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year III</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
21. Supportive Services (Please attach a separate list of staff, equipments and the number and the investigations carried out during the last three years) [use separate sheet]

<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>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year II</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Year III</td>
<td></td>
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</tr>
</tbody>
</table>

22. Library

- Is there a Departmental Library
- Please attach list of Books relevant to Critical care Medicine
- Text books available in Critical Care Medicine (Mention the edition date of publication and name of the Authors).
- List of books obtained during the last 3 years.
- Kindly provide the list of Journals (National/International) subscribed [Paper or Digital]

23. Other Information

I. No. of Reading Rooms
II. No. of staff in the Library with their qualifications
III. Teleconferencing reception equipment available/not available

24. Please indicate the number of hours per day for which the library facilities will be available for the trainees.
   a. On working days
   b. On holidays

- Please ensure that library facilities are available for at least two hours after working hours

25. Annual budget for the Library for three preceding years

26. Please indicate the special facilities available in the library or in a associated hospital/Institution.
   a. Index Medicus
   b. Medlar /Medline
   C. Photocopy facility
   d. Online library
   e. Internet
   f. Printer facilities
   g. Any Other

27. Please indicate if the institution has a liaison with any other library if so please mention its distance from the Institution /Hospital. Attach the permission letter from the concerned Institution
28. 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 etc.

29. Please attach details of investigations/procedures carried out in the Department in last three years by IDCCM Residents/ Fellows [Year I, II, III]

<table>
<thead>
<tr>
<th>Year</th>
<th>Total No(s)</th>
<th>Done by IDCC/IFCC Trainee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Year I</td>
<td>Year II</td>
</tr>
<tr>
<td>ECG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 D ECHO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>USG/DOPPLER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FoB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CENTRAL LINE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARTERIAL LINE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SWAN GAUGE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PERCUTANEOUS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INTRA CRANIAL PRESSURE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VENTILATOR – INVASIVE &amp; RADIOGRAPHIC PROCEDURE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LUMBAR PUNCTURE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PLEURAL TAPPING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PERITONEAL TAPPING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FNAC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIVER ABCESS DRAINAGE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICD</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

30. Teaching staff/Consultants:-

a) Name of ICU Director/Head/Incharge: ________________________________

b) Sr. Consultant having at least 8 years experience after Training in Critical care Medicine

<table>
<thead>
<tr>
<th>Name</th>
<th>Qualification</th>
<th>MCI Reg. No.</th>
<th>Experience after post graduation</th>
<th>Research Publication</th>
</tr>
</thead>
</table>

31. Whole time Sr. Resident with postgraduate degree please note that the IDCC/IFCC Candidates undergoing training in the department should not be shown as Senior Residents.

<table>
<thead>
<tr>
<th>Name</th>
<th>Qualification</th>
<th>Experience after post graduation</th>
<th>Research Publication</th>
</tr>
</thead>
</table>

32. Whole time Residents without PG. qualification.

<table>
<thead>
<tr>
<th>Name</th>
<th>Qualification</th>
<th>Experience after post graduation</th>
<th>Research Publication</th>
</tr>
</thead>
</table>
Note: Please, attach the Bio data of the above staff with Performa

33. Is the teaching organized on a Unit system, if so give composition of the Unit

34. Is the selection of the staff made by properly constituted committees.

35. Is the appointment of staff in the department contractual for a limited period? if Yes for how long [attach proof]

36. Whether students maintain Log Book as per approved by IDCCM sample. (Only for renewal)

37. Training in basic sciences relevant to specialty (Give details). [The applied aspects of the subject will be dealt by the consultants]

38. Teaching schedule for Post MBBS/IDCCM/IFCCM [please attach a copy of a Time table]

<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>
<td></td>
</tr>
<tr>
<td>Death review Meetings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinic-Pathological</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Journal Club</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seminar</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

39. No. of research publications (abstracts/papers/presentations) made by the department staff and IDCC/IFCC Trainees during last three years in recognized journals only (submit list and copies of Reprints).

40. Please refer to the curriculum and give the details how would you provide the practical hands on training to these candidates. (Please give the details of covering the theory syllabus and providing the desired practical skills during the training period of one year) attach a separate sheet.

41. Please provide the details of selection criteria of candidates for IDCCM (in case of renewal).

42. General Information related to organization of ICU:
   i. List of Equipment in the ICU related to Critical care Medicine (use separate sheet)
   ii. No. of Nurses in the ICU per shift
   iii. Ratio of Nurses to Patient in ICU

**Undertaking**

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

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

Note:

1. Institute accreditation fees and form should be sent to the ISCCM Secretariat office, Mumbai
2. Fees are ₹ 29,500 /- (₹ Twenty nine thousand five hundred only). Demand Draft should be drawn in favour of "Indian Society of Critical Care Medicine," payable at Mumbai.
3. Institutes are requested to send 1 complete sets of Institute form with copies of all certificates/documents to ISCCM office. Institutes are also requested to send the soft copy of the complete set of their Institute form and all certificates/documents in a CD to ISCCM office.