

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 FOR RECORDING YOUR CORRECT EMAIL ID IN RECORDS)

Mobile _____

- Life Member (Rs.10,100/-) Associate Life Member (Rs. 5,154/-) Associate Life Member (Nurse) (Rs.2,360/-)
 Life Member (SAARC) (Rs.10,100/-) International Member (US\$769)

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.10100/-, Associate Life Member Rs. 5154/-, Associate Life Member (Nurse) Rs.2,360 /-. International Member \$769 (SAARC Countries Rs.10100/-, Honorary Life Members shall pay no fees.

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

Please go to online submission at 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.