



**INDIAN SOCIETY OF CRITICAL CARE MEDICINE
TEACHER'S FORM**



Name: - _____

Father's Name: - _____

Mother's Name: - _____

Date of Birth: - _____

Institutional Address: - _____

Home Address: - _____

Tel. No. _____ (R) _____ (O) _____

Mobile: - _____

E-mail1:- _____

E-mail2 _____

ISCCM Registration No. _____

Registration No. (MCI/State Medical Council)

Registration No.	MCI/State Medical Council	Year of Passing
Post Doctoral		
Post Graduate		
MBBS		

Post Graduate Qualifications: - MD – Medicine/Anesthesia/TB & RPD/Pulmonary Medicine/

(See annexure - I)

Emergency Medicine

MS - General Surgery/Orthopedics

Diploma – Chest/Anesthesia/ Orthopedics

Or

Any other [ABM, MRCP, FRCA etc.] Recognized equivalent by MCI

Training in Critical Care (Basic Training):- [see annexure - II]

Year of Passing

(a) IDCCM/IFCCM

(b) DM (Pulmonary Medicine, Critical Care Medicine, PCCM)

(c) American Board in Critical Care Medicine

(d) EDIC/Intensive care Diploma (U.K.)/ Australian Board in critical Care

(e) Other

Experience in Critical Care Medicine:-

(50% of Hospital time devoted to Critical care Medicine) [If needed use separate sheet]

Sr. No.	Designation	Year		Institute/Hospital	Total Experience
		From	To		
1.					
2.					
3.					

***Basic eligibility:** - Basic PG Qualification (MCI Recognized not State Medical Council) plus 2yrs Training in Critical Care Medicine [1-Yes, 2-No]

**8yrs Experience in Critical Care Medicine, after basic Training [1-Yes, 2-No]

Publications:- (In Indexed Journals)**National – No.****International – No.**

*(Please provide hyperlink where ever possible)

National Conferences/Regional Conferences/Workshops as: Faculty/Delegate/Organizer

In non indexed journals

Teaching experience: - Medical College [1] NBE [2]/ISCCM [3]/others [4]

**Undertaking/Declaration:-
(Regarding Conflict of Interest)**

I, Prof. /Dr. _____, S/o _____,
R/o _____,

Currently working as _____, solemnly declare & give undertaking in my capacity as a teacher that I will remain in the present position till the completion of the training of the Post MBBS/IDCCM/IFCCM fellows. In case I leave in between the academic session, then I will not be eligible for the intake of candidate under me in Post MBBS/IDCCM/IFCCM till the completion of duration of earlier candidate(s).

[Signature]

Date:

Place:

Note:-

1. Please attach self attested photocopies of certificate/experience
2. Also send hard copy as well as soft copy of the application & certificates to the ISCCM office.
3. Applicants are requested to send complete sets of Teacher form with copies of all certificates to ISCCM office. Applicants are also requested to send the soft copy of the complete set in a CD to ISCCM office.

*Please fill the box with Numerical Number [Code for the subject/Training as given in annexure (I & II)]

Code [I] - Basic Qualification (PG Degree)

Code [II] - Basic Training in Critical Care Medicine

**"Supporting documents from the place of work" [e.g. MD in Anesthesia/Med in Dec. 2000
2 Years Training in Critical care Medicine – Dec., 2002, Eligible for Teacher – 1st Jan., 2011]

Annexure - I

Postgraduate Qualifications

Medicine – 1

Anesthesia – 2

TB/RPD/PM – 3

MS (GS) – 4

MS (Ortho) – 5

FRCA – 6

Emergency Medicine – 7

DA – 8

DTCD – 9

Other – 10

Annexure - II

Basic Training in ICU

IDCCM (Indian Diploma in Critical Care Medicine) - 1

IFCCM (Indian Fellowship in Critical Care Medicine) - 2

PCCM Pulmonary & Critical Care Medicine) - 3

CCM (Critical Care Medicine) - 4

ABCCM (American Board of Critical Care Medicine) - 5

EDIC/ICD (European Diploma in Critical Care) - 6

AB (Australian Board in Critical Care) - 7

Other - 8