



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



ISCCM Life Membership No. \_\_\_\_\_

Name: - \_\_\_\_\_

Father's Name: - \_\_\_\_\_

Mother's Name: - \_\_\_\_\_

Date of Birth: - \_\_\_\_\_

Institutional Address: -  
\_\_\_\_\_  
\_\_\_\_\_

Home Address: - \_\_\_\_\_

Tel. No. \_\_\_\_\_(R)

\_\_\_\_\_ (O) \_\_\_\_\_

Mobile: - \_\_\_\_\_

E-mail1:- \_\_\_\_\_

E-mail2 \_\_\_\_\_

**Registration No. (MCI/State Medical Council)**

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

**Post Graduate Qualifications: -**

<b>Qualification</b>	<b>Month &amp; Year of Passing</b>	<b>No. of years experience in Critical Care</b>
MD Medicine/Chest/Anaesthesia		
DNB Medicine/Chest/Anaesthesia/Emergency Medicine		
MS General Surgery		
Diploma in Anaesthesia		
Diploma in Chest diseases		

Note:

- i) MD/MS/DNB candidates require 8 2 years of experience in Critical Care
- ii) PG Diploma holders, DA (Diploma in Anaesthesia) or DTCD (Diploma in TB and Chest Diseases), teacher is expected to have 5 years experience in Critical Care

**Formal Qualification in Intensive Care:**

<b>Indian Qualification</b>	<b>Month &amp; Year of Passing</b>	<b>International Qualification</b>	<b>Month &amp; Year of Passing</b>
IDCCM(Indian Diploma in Critical Care Medicine)		Australia(FCICM)	
IFCCM((Indian Fellowship in Critical Care Medicine)		USA (AB Critical Care)	
FNB –Critical Care		Equivalent qualification form UK/ Canada	
DM- Critical Care			
DM- Pulmonary & Critical Care			
FICCM(Fellowship of Indian College of Critical Care Medicine)			

**IDCCM candidate should have 2 yrs experience after IDCCM**

**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.					
4.					
5.					
6.					

**Fulfils eligibility criteria as teacher according to Nursing SOP Yes/No**

**Working as full time in current place of working Yes/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 degree certificates/experience certificate.
2. Also send both hard copy as well as soft copy of the application & certificates to the ISCCM office.
3. Please attach appointment letter of your current Institute & Experience certificate of previous institutes.