Indian Diploma in Pediatric Critical Care Nursing (IDPCCN) (Enrollment Form- One Year Course)

PASSPORT SIZE RECENT PHOTO

Please fill correct & clear information
Date: - _ _ (Date) _ _ _ (mo) _ _ _ (Yr)

1. Personal Information:		
NAME: Date of birth: _ _ (date) _ _ _(mo) _ _ _ (Yr) Sex:		
Address for all correspondence till exam: City: State:		Pin Code:
E mail:	Tel Land line: Cell:	

2. Qualification:		
Nursing Qualifications	Name Of The University/School	Qualifying Date

3. Prizes or distinctions obtained during Nursing Examination:

4. Appointments held till date:				
Sr. No.	Designation	Period	Teaching/Non-Teaching	

5. Intensive care/ Neonatal/Pediatric/Adult training after Nursing if any from India or Abroad:

6. Any other skill training in intensive care or related field:

7. Number of publications (attach list)**:**

8. Research presentations made in various scientific meetings (name of conference, title of paper, year attach list)**:**

9. Name and Address of the Institution where training is desired (enclose a letter of acceptance by the training institution)

10. Give justifications for the training sought:

The College of Pediatric Critical Care (CPCC) shall award Indian Diploma in Pediatric Critical Care Nursing course to the candidates who have finished IDPCCN successfully from an accredited teaching unit

Rules for selection of candidates

The College of Pediatric Critical Care (CPCC) shall award Indian Diploma in Pediatric Critical Care Nursing to the candidates who have completed training in Pediatric Critical Care in IAP-ICC/ ISCCM accredited centres anywhere in India.

Eligibility

1. Candidates should have passed BSC nursing or general nursing with or without midwifery.
2. Age no bar.
3. The applicant should categorically indicate that the training received by him/her will be of use to the Institution/ private practice.
4. Candidate should attach photocopy of the degree/certificate required for eligibility in their application to IAP-ICC College Director/ Coordinator of the unit of the Institute.
5. Last date for applying is 28th Feb of the respective year. The applicants will have to submit their applications within stipulated time to the Centers where they are willing to do the fellowship.
6. List of the centers willing to start this course will be available from our website "www.piccindia.com". If candidates are unable to obtain admission in the centers of their choice, they are at liberty to opt for other centers, where the seats are vacant.
7. It must be noted that the selected candidates would be subjected to the rules and regulations of the individual training centers regarding accommodation, library fees, messing etc.

8. Please note that examination fee is 2,500/- payable before the final exam date.
9. **Admission process - Interview and Admission locally by the accredited units IDPCCM director**.

Please send the Demand Draft (DD) (by registered mail/courier)/NEFT detail may be sent by email.
Please ensure that correct required fee is paid payable to "IAP intensive care chapter "

Enrolment fee of Rs. 2,500/- payable by DD or by bank transfer

Payble to "Pediatric Intensive Care Chapter "
DD no. _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Bank_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Date of Issue _ _ (Date) _ _ _(mo) _ _ _ (Yr)

Bank Transfer Information_ _ _ _ _ ___ _ _ _ _ _
Name of accounts- PEDIATRIC INTENSIVE CARE CHAPTER
Type of account- Current A/c
Account No.- 24450200000940
IFSC Code- FDRL0002445

Mailing Address

Email:
principal@piccindia.com;
secretary@piccindia.com;
With CC to Course director email id

Please register me for the "Indian Diploma in Pediatric Critical Care Nursing" Course Signed by candidate in the presence of the program director

Certified that the above particulars are correct & accurate

Doctor Name……. ……Date Of joining……(date)…….(month)…..... (Year)

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Candidate Signature Director Name & Signature

I agree to abide by the rules and regulations of the Academic Council

*Please fill correct & clear information

1. Please fill column 1 with clear & correct information for further communication & For provisional certificate.
2. Send properly filled enrollment form duly signed by program director.
3. Please attach payment screenshot & other document with the enrollment form.
4. Please send Enrollment form & other document by soft copy on mentioned email id with CC to your course director.
5. Acknowledgment email will send after checking form & document.

Best wishes and welcome to IAP Intensive Care Chapter College of Pediatric Critical Care Fellowship Program, India.

Thanks & Best Regards,

Dr. Rakshay Shetty	Dr. Ebor Jacob	Dr. Sachin Shah
Principal	Director	Secretary