Indian College of Pediatrics
Faculty of Pediatric Critical Care Medicine

PASSPORT SIZE RECENT PHOTO

Indian Fellowship in Pediatric Critical Care Medicine (IFPCCM)

(Enrollment Form- Eighteen Month Course)

*Please fill correct & clear information
*Form to be type written
*Read instruction before filling

*Mandatory requirement
CIAP Membership No……..
PICC Membership No…….

Date: - _ _ (Date) _ _ _ (month) _ _ _ (Year)

1. General Information			
Full Name	(First)	(Middle)	(Surname)
Date of Birth	(Date)	(Month)	(Year)
Correspondence address	House/Flat Name	Street	Landmark
	City	State	Pin code
Mobile Number		Email id	

2. Educational Qualifications			
Qualification	Year of passing	Attempt	University
MBBS			
DCH			
MD			
DNB			
Other 1			

3. Present Employment			
Hospital Name			
Address			
Position		Duration	

4. Experience after internship: (Residency training, work experience etc. with dates)			
Sr .No	Institute Name	Residency Training	Work Experience

5. Which other course you have registered concurrently along with this Fellowship program?	
Name of the course	
Date of Joining	
Date of Expected Completion	
6. Name and address of the hospital from where you are applying	

Please read the following instruction carefully:

1. This form is for 18 months 'Indian fellowship in Pediatric Critical Care Medicine' (IFPCCM). Course by IAP-ICC-College of Pediatric Critical Care.
2. The form must be typed, printed and then sent as soft copy (with soft copy of photo should also be sent as an attachment to email given below) duly signed by the candidate and the program director.
3. Only candidates who have completed their MD/DNB/DCH in Pediatrics (MCI recognized) are eligible. Fellowship duration for **DCH** candidates is **24 months** and for **MD/ DNB** is for **18 months.**
4. Candidates qualified overseas, who have done their post-graduation in Pediatrics, will also qualify for this fellowship only after completion of MCI (Medical Council of India) regulations. They need to attach the necessary documents with this form.
5. Fellowship admissions will be done twice year and the last date of registration each year will be 31st December and 30th June.
6. The final examination for these candidates admitted will be held after 18 months (or 24 months if DCH)) of registering for the fellowship as per the rules.
7. No candidate will be allowed to register simultaneously for other courses such as DNB/any other fellowship.
8. Draft is to be enclosed with this application form. Application fee is non refundable
9. The candidate will abide by the curriculum as prescribed in the manual of the College of Pediatric Critical Care.
10. The candidate will be responsible for submitting E-log book every month to the college by email.
11. The candidate will abide by the rules and regulations of the institution of registration
12. The remuneration to the candidate will be according to the rules of the institution. The College of Pediatric Critical Care does not take responsibility for any monetary compensation.
13. The candidate will be responsible for any expenses towards examination fees fixed by the College of Pediatric Critical Care.
14. The candidate will produce a certificate of satisfactory residency from the program director before being allowed to appear for the qualifying examination.
15. Examination form will be mailed to all the candidates through program directors approximately 2 months before the final examination and fees will be Rs. 15,000/-

Additional Important Instructions:

1. Membership of some organizations is very important for all those who apply for this fellowship. Therefor obtain membership for..
   a. IAP Intensive Care Chapter https://www.piccindia.com/pre-application-form-for-life-membership.php
   b. PICC membership is mandatory and membership number is to be submitted to the college within 6 months of this enrollment.
   c. Membership of www.iapindia.org is also mandatory and to be submitted to the college within 6 months of this enrollment.
   d. Membership of college of pediatric critical care will be granted at the time convocation.
2. A publication has been made **compulsory** for this fellowship and its work needs to be completed three months prior to final examination. Directors will instruct you in detail regarding this.
3. E-log book has to be filled in by the candidates on periodic basis. The details of this will be mailed to you by the college office.

Rules for selection of candidates

Eligibility

1. Candidates should have passed MD/DNB/DCH.
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 31st January and 31st July 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 15,000/- payable before the final exam date.

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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 "

Enrollment fee of Rs. 25,000/- payable by DD or by bank transfer

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

Bank Transfer Information_ _ _ _ _ ___ _ _ _ _ _
Name of beneficiary - PEDIATRIC INTENSIVE CARE CHAPTER
Name of Bank- Federal Bank
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 Fellowship in Pediatric Critical Care Medicine" 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)

- - - - - - - - - - - - - - - - - - -

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 Indian College of Pediatrics, Faculty of Pediatric Critical care Medicine Fellowship Program, India.

Thanks & Best Regards,

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