Indian College of Pediatrics
Faculty of Pediatric Critical Care Medicine

PASSPORT SIZE RECENT PHOTO

Indian Fellowship in Pediatric Critical Care Medicine

(EXAM Form- Eighteen Months/Two Year Course)

**please fill correct & clear information*

Date: -……… (dt)……(mo)…….(Yr)

(A)			
NAME: Date of birth _ _ (dt) _ _ _(mo) _ _ _ (Yr) Sex:			
Address for all correspondence till exam: City: State:			Pin Code
E mail:		Tel Land line: Cell:	
(B)			
Qualifications	Year of passing	Attempt	University
MBBS			
MD (Peds)			
DCH			
DNB (Peds)			
Others			

(C)

Name and Address of the Hospital from where you are applying?

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Exam fee of Rs. 15,000/- payable by DD or by bank transfer

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

Bank Transfer Information
Name of Bank- Federal Bank
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

Signed by candidate in the presence of the program director:

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Candidate Signature Director Name & Signature

*Please fill correct & clear information

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

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