



Indian Diploma in Pediatric Critical Care Medicine (IDPCCM) (Enrollment Form- One Year Course)

PASSPORT SIZE RECENT PHOTO

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

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

Date: - __ (Date) __ __ (month) __ __ (Year)

1. Qualification Information:			
Qualifications	Year of Passing	Attempt	Name Of The University
MBBS			
MD (Peds)			
DOB of birth: __ (date) __ (month) __ (Year)		Sex:	
Pin Code: (for all correspondence till the exam)			Pin Code:
Others			
3. Present Employment:			
City: _____		State: _____	
Email: _____		Tel Landline: _____	
_____		Cell: _____	

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



IAP Intensive Care Chapter College Of Pediatric Critical Care



5. Which other course you have registered concurrently along with this diploma?

Name of the course _____

Joining Date _____, Date of expected completion _____

6. Which other course you will be registering for (planning for) in next 12 months?

7. Name and address of the hospital from where you are applying

Please read the following instruction carefully:

1. This form is for 1 year 'Indian diploma in Pediatric Critical Care Medicine' (IDPCCM). course by IAPICCM-College of Pediatric Critical Care
2. The form must be typed, printed and then sent as a hard copy duly signed by the candidate and the program director to the address below. One soft copy (with soft copy of photo should also be sent as an attachment to email given below)
3. Only candidates who have completed their MD/DNB/DCH in Pediatrics (MCI recognized) are eligible. Diploma duration for DCH candidates is 24 months and MD/ DNB is for 12 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 12 months 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. 10,000/-



Additional important instruction

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. E-log 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 December and 30th June 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 10,000/- payable before the final exam date.
9. **Admission process - Interview and Admission locally by the accredited units IDPCCM director.**



IAP Intensive Care Chapter College Of Pediatric Critical Care



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. 15,000/- payable by DD or by bank transfer

Payable to “IAP Intensive Care Chapter ”

DD no. _____

Bank _____

Date of Issue __ (Date) __ (month) __ (Year)

Bank Transfer Information

Name of beneficiary - IAP Intensive Care Chapter

Name of Bank- THE FEDERAL BANK LTD, SATARA

Type of account & No. – 15840200003657, Current A/c

IFSC Code- FDRL0001584

Registered Mobile no for bank account 09822057577

Mailing Address

Dr. Nameet Jerath

OPD Room no 1238, gate no 10

Indraprastha Apollo Hospital, Mathura Road,

Sarita Vihar, New Delhi- 110076, India

Email: vc.iapicc.college@piccindia.com; secretary@piccindia.com; office.iapicc.college@piccindia.com

With CC to Course director email id

Please register me for the “Indian Diploma 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

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

Director Name & Signature



IAP Intensive Care Chapter College Of Pediatric Critical Care



- ❖ 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. J Ebor Jacob
Vice-Chancellor

Dr. Manish Sharma
Chancellor

Dr. Vinayak Patki
Secretary