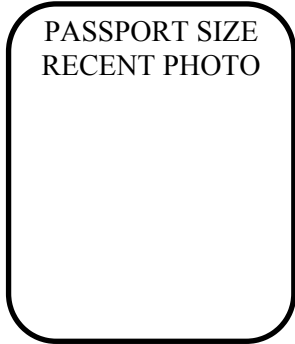




Indian Diploma in Pediatric Critical Care Medicine (EXAM Form- One Year Course)



**please fill correct & clear information*

Date: -..... (dt).....(mo).....(Yr)

(A)			
NAME:			
Date of birth __ (dt) __ (mo) __ (Yr)		Sex:	
Address for all correspondence till exam:			Pin Code
City:		State:	
E mail:		Tel Land line: Cell:	
(B)			
Qualifications	Year of passing	Attempt	University
MBBS			
MD (Peds)			
DCH			
DNB (Peds)			
Others			
(C)			
<u>Name and Address of the Hospital from where you are applying?</u>			

Exam fee of Rs. 10,000/- 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 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

Course director email id
With CC

Signed by candidate in the presence of the program director:

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. J Ebor Jacob
Vice-Chancellor

Dr. Manish Sharma
Chancellor

Dr. Vinayak Patki
Secretary