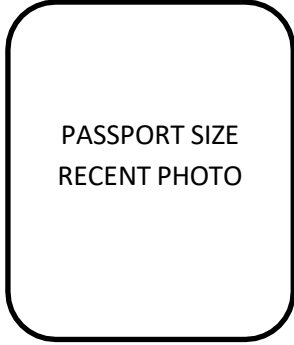




Indian Diploma in Pediatric Critical Care Nursing (IDPCCN) (Exam Form- One Year Course)



**Please fill correct & clear information*

Date: - __ (Date) __ __ (mo) __ __ (Yr)

NAME: _____

DATE OF BIRTH: _____

Address: _____

City: _____ State: _____ Pin: _____

Tel: _____ email: _____

Present employment/ place of work: _____

Certificate of Eligibility

This is certify that Ms/Mr. _____

Has satisfactorily completed at least 12 months training at _____

From _____ to _____

Declaration by the Candidate

I hereby declare that my period of training for the Diploma in Pediatric Critical Care Nursing was from to..... Please register me for the “Diploma in Pediatric Critical Care Nursing” examination of the COLLEGE OF PEADIATRIC CRITICAL CARE to be held in February. I agree to pay the fees and abide by the rules and regulations of the College and accept the decision of the examiners as binding. I understand that only on being declared PASS at the theory, I will be invited to appear for the practical examination and that no refund is due to me if I am not called for the practical examination.



This form along with a Demand Draft of Rs.2,500 payable at

Payable to “IAP Intensive Care Chapter ”/NEFT/RTGS

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, PUNE

Type of account & No. – 15840200003657,

Current A/c IFSC Code- FDRL0002445

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;

With CC to course director email id

Signed by candidate in the presence of the program director:

Candidate Signature

Director Name & Signature



Indian College of Pediatrics
Faculty of Pediatric Critical Care Medicine



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

Thanks & Best Regards,

Dr. Rakshay Shetty
Principal

Dr. Arun Bansal
Director

Dr. Vinayak Patki
Secretary