

Indian Diploma in Pediatric Critical Care Technician (IDPCCT) (Enrollment Form- One Year Course)

PASSPORT SIZE RECENT PHOTO

Name(Surname) First Name Middle Name Date of birth: (date) (mo) (Yr) Sex: City: Pin Code: State: E mail: Tel Land line: Cell: 2: Qualification	1.General In	te) (mo) (Your formation)		
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5. Any other skill training in intensive care or related field:	Sr. No.				
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6. Various scientific conferences attended (name of conference, year)
7. Name and Address of the Institution where training is desired
8. Why do you want to join IDPCCT Course:

The College of Pediatric Critical Care (CPCC) shall award Indian Diploma in Pediatric Critical Care Technician course to the candidates who have finished IDPCCT successfully from an accredited teaching unit

Eligibility

- 1. Candidates should have passed (minimum eligibility criteria) High school (10+2) from board recognized by government of India
- 2. Age no bar.
- 3. Candidate should attach photocopy of the degree/certificate required for eligibility in their application to IAP-ICC College IDPCCM Director/ Coordinator of the Pediatric intensive care unit of the Institute.
- 4. Last date for applying is 28th Feb of the respective year. The applicants will have to submit their applications within stipulated time to the Centres where they are willing to do the diploma.

- 5. List of the centres willing to start this course will be available from our website "www.piccindia.com". If candidates are unable to obtain admission in the centres of their choice, they are at liberty to opt for other centres, where the seats are vacant.
- 6. It must be noted that the selected candidates would be subjected to the rules and regulations of the individual training centres regarding accommodation.
- 7. Please note that examination fee is 2,500/- payable before the final exam date.
- 8. Admission process Interview and Admission locally by the accredited unit IDPCCM director.

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. 2,500/- 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 - IAP Intensive Care Chapter				
Name of Bank- THE FEDERAL BANK LTD, SATARA				
. Account No & Type– 15840200003657, Current A/c				
IFSC Code- FDRL0001584				
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				

Please register me for the "Indian Diploma in Pediatric Critical Care Technician" Course Signed by candidate in the presence of the program director

Certified that the above particulars are correct & accurate	
Doctor Name	(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 correct provisional certificate. 2. Send properly filled enrollment form duly signed by program directions. 3. Please attach payment screenshot & other document with the enrol 4. Please send Enrollment form & other document by soft copy on medirector. 5. Acknowledgment email will send after checking form & document 	ctor. Ilment entioned email id with CC to your course
Best wishes and welcome to IAP Intensive Care Chapter College of Pediat Program, India.	tric Critical Care Fellowship
Thanks & Best Regards,	

Dr. Rakshay Shetty

Principal

Dr. Arun Bansal

Director

Dr. Vinayak Patki Secretary