

'Intensive Care Chapter College Of Pediatric Critical Care



PASSPORT SIZE RECENT PHOTO

Indian Diploma in

Pediatric Critical Care Technician (IDPCCT) (Exam Form- One Year Course)

Date: (Date) (mo)		
NAME:		
Date of birth: (Date)((mo) (Yr) Sex:	
Address for all correspondence till exam:		Pin Code:
City: State:		Telephone No.
		Mobile No.
Email ID:		
Present employment/ place of wo	ork:	
	Certificate of Eligibilit	<u>y</u>
This is certify that Ms/Mr		Has satisfactorily completed at least
12 months training at		
From	to	



Intensive Care Chapter College Of Pediatric Critical Care



Enrollment 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			
Type of account & No. – 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			
Saina vinai, ivev Benn 110070, maia			
Email: vc.iapicc.college@piccindia.com; secretary@piccindia.com;			
With CC to Course director email id			
Tel: +91 98733 91910			
Declaration by the Candidate			
I hereby declare that my period of training for the "Indian Diploma in Pediatric Cr	ritical Care Technician"		
Course was from to			
Course was from to	course evamination of		
the College of Pediatric critical care to be held in			
rules and regulations of the College and accept the decision of the examiners as bi			
no refund is due to me if I am not able to successfully pass the final examination.	name. I anacistana mat		
Signed by candidate in the presence of the program director:			
Certified that the above particulars are correct.			
Candidate Signature Direct	tor Name & Signature		
Candidate Dignature Diffe	or maine & signature		



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 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 Dr. Manish Sharma Dr. Vinayak Patki

Chancellor Secretary Vice-Chancellor