



PASSPORT SIZE
RECENT PHOTO

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

**Please fill correct & clear information*

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

NAME:	
Date of birth: __ (Date) ___ (mo) ___ (Yr)	Sex:
Address for all correspondence till exam:	Pin Code:
City: State:	Telephone No.
Email ID:	Mobile No.
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 _____



' Intensive Care Chapter College Of Pediatric Critical Care

Enrollment fee of Rs. 2,500/- payable by DD or by bank transfer

Payable 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

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

Tel: +91 98733 91910

Declaration by the Candidate

I hereby declare that my period of training for the "Indian Diploma in Pediatric Critical Care Technician"

Course was from to.....

Please register me for the "Indian Diploma in Pediatric Critical Care Technician" course examination of the College of Pediatric critical care to be held in..... 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 no refund is due to me if I am not able to successfully pass the final examination.

Signed by candidate in the presence of the program director:

Certified that the above particulars are correct.

Candidate Signature

Director Name & Signature



' Intensive Care Chapter College Of Pediatric Critical Care

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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