



**Equivalence Examination – Application Form**

**(Form to be type written) (Read instructions before filling)**

NAME:

Date Of Birth:

Address for all correspondence:

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PASSPORT  
SIZE  
RECENT  
PHOTO

Tel (Land):  
email:

Cell Phones:

- **Current degree in General Pediatrics** -----
- **Any other degree / diploma / fellowship (any subspeciality)** -----

***Table I : MBBS and Internship***

	Joining mo/ Year	Ending mo/ Year	College/ Institute/ Hospital
MBBS			
Internship			

***Annexures: Attach MBBS & Medical Council Registration Certificate (Mandatory)***

***Table II:  
Experience from end of internship to end of Post Graduation in general pediatrics***

From mo/year to mo/yr	Institute name

**Annexures: Attach MD /DNB /Any other Post Grad Certificate (Mandatory)  
Additional Qualification Certificate**

**Table III: Experience from end of Post- Graduation till now... (whether India / overseas)**

Please include **each calendar year without any break** as you spent including 'non- employment' if Even a brief period of 2-3 months posting / no posting must be mentioned

From <sup>dd/mm/yy</sup> to <sup>dd/mm/yy</sup>	Briefly specify what kind of unit (e.g. General/ PICU / NICU / SIC CCU / Emergency Room / multiple roles etc)	1) Is it recognized for teaching? If y which course? Mention it clearly?

**Annexure:**

- **Certificate / Certificates from institute head ( mandatory)**
- **If there is any certificate of internal assessment, it should be attached**

**Table IV :**

**Present employments / places of work (if more than one):**

From mo/year	Institute name / your designation / part time / full time	Teaching / non teaching
1.		
2.		
3.		
4.		
5.		

**Annexure:**

- **Certificate / Certificates from institute head ( mandatory)**

**Table V:**  
**PICU Unit details of present employment**

<ul style="list-style-type: none"> <li>●Name of the Hospital:</li> </ul>	
<ul style="list-style-type: none"> <li>●Type of PICU: Pediatric / Combined (with Adult or NICU)</li> <li>●Year PICU started</li> </ul>	
<ul style="list-style-type: none"> <li>●No. of beds in PICU:</li> <li>●No. of beds in HDU:</li> <li>●No. of other specialized PICUs (Surgical/Cardiac/transplant/Hem-onc)</li> <li>●Total No of admissions in PICU (average of last one year)</li> <li>●Total No of Ventilator (Invasive) days in PICU over one year</li> </ul>	
<ul style="list-style-type: none"> <li>●Director of the PICU:</li> </ul>	
<ul style="list-style-type: none"> <li>●Are you involved in teaching Ped Crit care currently</li> <li>●If Yes... mention details</li> <li>●(Program details .. FNB / DM/ Diploma etc)</li> <li>●How long..</li> </ul>	
<ul style="list-style-type: none"> <li>●Year of recognition of Fellowship / FNB / DM Program if any (each one if more than one simultaneously):</li> </ul>	
<ul style="list-style-type: none"> <li>●Anything else, that you wish to mention regarding your PICU / your role in PICU</li> </ul>	

<u>Table VI : Additional Information</u>	
1. Are you a Teacher in any pediatric critical care program	<u><b>If yes ... Name*</b></u>
2. Any other program (other than Ped Crit Care) you are affiliated to: (eg, NICU/Pulmonology/Gen peds/Nephro/Emergency/Anesthesia)	Type out each one <ul style="list-style-type: none"> <li>• -----</li> <li>• -----</li> <li>• -----</li> </ul>
3. Time spent in PICU	<u><b>Annexure*</b></u> : Mention all the hospitals which you visit, OPDs, and mention what time of the day and how many hours you will be able to spend exclusively in PICU per week to teach fellowship candidates
4. If affiliated to a program other than Ped Critical Care, mention percent of time spent there	
<ul style="list-style-type: none"> <li>• Are you member of ISCCM</li> <li>• Are you member of IAP</li> <li>• Are you member of Ped Intensive Care Chapter (please provide membership nos if yes)</li> </ul>	Membership No <ul style="list-style-type: none"> <li>• .....</li> <li>• .....</li> <li>• .....</li> </ul>
<ul style="list-style-type: none"> <li>• List of publications in journals / books.</li> <li>• List of all (critical care / others) workshops / conferences / CME / PALS / NALS etc. at local or national bodies in India / overseas attended as a delegate or participated as a faculty in last five years.</li> <li>• Attach certificates of merit / awards if any.</li> <li>• Names &amp; contacts of referees.</li> </ul>	Annexures for each of these

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Signed by the candidate

**Please read the following instruction carefully:**

Examination fees will be Rs.15000/- for candidates applying during year 2019.

Examination fees will be accepted only after the eligibility of the candidate is confirmed by the College. **Fees Payable by DD OR**

**Online at <https://www.piccindia.com>**

**Name of beneficiary - IAP Intensive Care Chapter**

**Name of Bank- Federal Bank**

**Name of accounts- IAP Intensive Care Chapter**

**Type of account- Current A/c**

**Account No. 15840200003657**

**IFSC Code- FDRL0001584**

**Reg. Mob. No. 09822057577**

**Form to be mailed to :**

1. At the time of examination, candidates themselves will be responsible for their travel and stay.
2. Memberships of following organization is desirable before candidate is allowed to appear for examination and mandatory before accredited teacher/intensivist status is granted :
  - Life Membership of parent body Intensive Care chapter of Indian Academy of Pediatrics ([www.piccindia.org](http://www.piccindia.org))

Please send the Demand Draft (DD) by courier to..

**Dr. Praveen Khilnani ,**

**Vice Chancellor,IAP-ICC-College of Pediatric Critical Care**

Clinical Director,

Madhukar Rainbow Children's Hospital,

FC-29, Plot No. 5, Geetanjali Near Malviya Nagar Metro

Station, Gate No.1, New Delhi-110017.

**Email ID : [drpraveen.k@rainbowhospitals.in](mailto:drpraveen.k@rainbowhospitals.in)**