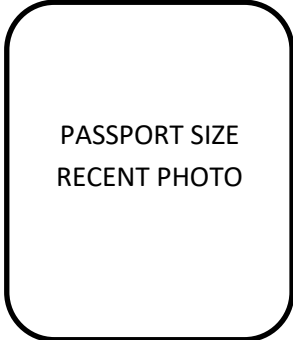




# Indian Diploma in Pediatric Critical Care Nursing (IDPCCN) (Exam Form- One Year Course)



*\*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, 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

Signed by candidate in the presence of the program director:

\_\_\_\_\_

Candidate Signature

\_\_\_\_\_

Director Name & Signature



# IAP 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**  
Vice-Chancellor

**Dr. Manish Sharma**  
Chancellor

**Dr. Vinayak Patki**  
Secretary