

# INDIAN SOCIETY OF CRITICAL CARE MEDICINE IDCCN Doctor TEACHER'S FORM



ISCCM Life Me	mbership No		
Name:			
Father's Name	:		
Mother's Name	e: <b>-</b>		
Date of Birth: -			
Institutional A	ddress: -		
Tel. No	(R)		
	(0)	·	
Mobile:			
E-mail1:			
E-mail2			
Registration I	<b>No</b> . (MCI/State Medi	cal Council)	
	Registration No.	MCI/State Medical Council	Year of Passing
	Post Doctoral		
	Post Graduate		
	MBBS		

**Post Graduate Qualifications: -**

Qualification	Month & Year of Passing	No. of years experience in Critical Care
MD Medicine/Chest/Anaesthesia		
DNB		
Medicine/Chest/Anaesthesia/Emergency		
Medicine		
MS General Surgery		
Diploma in Anaesthesia		
Diploma in Chest diseases		

### Note:

i) MD/MS/DNB candidates require § 2 years of experience in Critical Care ii) PG Diploma holders, DA (Diploma in Anaesthesia) or DTCD (Diploma in TB and Chest Diseases), teacher is expected to have 5 years experience in Critical Care

## Formal Qualification in Intensive Care:

Indian Qualification	Month & Year of Passing	International Qualification	Month & Year of Passing
IDCCM(Indian		Australia(FCICM)	
Diploma in Critical			
Care Medicine)			
IFCCM((Indian		USA (AB Critical	
Fellowship in Critical		Care)	
Care Medicine)			
FNB –Critical Care		Equivalent	
		qualification	
		form UK/ Canada	
DM- Critical Care			
DM- Pulmonary &			
Critical Care			
FICCM(Fellowship of			
Indian College of			
Critical Care			
Medicine)			

IDCCM candidate should have 2 yrs experience after IDCCM

## **Experience in Critical Care Medicine:**

(50% of Hospital time devoted to Critical care Medicine) [If needed use separate sheet]

	Year		Institute/Hospital		
Sr. No.	Designation	From	То		Experience
1.					
2.					
3.					
4.					
5.					
6.					

Fulfils eligibility criteria as teacher according to Nursing SOP Yes/No Working as full time in current place of working Yes/No	· 	
Publications: - (In Indexed Journals)		
National – No.		
International - No.		
*(Please provide hyperlink where ever possible)		
National Conferences/Regional Conferences/Workshops as: Faculty/Delegate/Organizer		
In non indexed journals		
<b>Teaching experience: -</b> Medical College [1] NBE [2]/ISCCM [3]/others [4]		

Undertaking/Declaration:-(Regarding Conflict of Interest)

I, Prof. /Dr, S/o	,
R/o	
Currently working as	, solemnly eacher that I will remain in the ng of the Post MBBS/IDCCM/IFCCM session, then I will not be eligible fo
duration of earlier candidate(s).	
[Signature]	
Date: Place:	

#### Note:-

- 1. Please attach self-attested photocopies of degree certificates/experience certificate.
- 2. Also send both hard copy as well as soft copy of the application & certificates to the ISCCM office.
- 3. Please attach appointment letter of your current Institute& Experience certificate of previous institutes.