



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



ISCCM Life Membership No. _____

Name: - _____

Father's Name: - _____

Mother's Name: - _____

Date of Birth: - _____

Institutional Address: -

Home Address: - _____

Tel. No. _____(R)

_____ (O) _____

Mobile: - _____

E-mail1:- _____

E-mail2 _____

Registration No. (MCI/State Medical 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 Diploma in Critical Care Medicine)		Australia(FCICM)	
IFCCM((Indian Fellowship in Critical Care Medicine)		USA (AB Critical Care)	
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]

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

Fulfuls eligibility criteria as teacher according to Nursing SOP Yes/No

Working as full time in current place of working Yes/No

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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

Teaching experience: - Medical College [1] NBE [2]/ISCCM [3]/others [4]

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Undertaking/Declaration:-

(Regarding Conflict of Interest)

I, Prof. /Dr. _____, S/o _____,
R/o _____,

Currently working as _____, solemnly
declare & give undertaking in my capacity as a teacher that I will remain in the
present position till the completion of the training of the Post MBBS/IDCCM/IFCCM
fellows. In case I leave in between the academic session, then I will not be eligible for
the intake of candidate under me in Post MBBS/IDCCM/IFCCM till the completion of
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.