INDIAN SOCIETY OF CRITICAL CARE MEDICINE
IDCCN Nursing 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.	**Indian Council of Nursing**	Year of Passing

Formal Qualification in Intensive Care:

Indian Qualification	Month & Year of Passing
BSC post basic in critical care	
MSc Critical care	
PhD Critical care	
IDCCN	

IDCCN candidate should have 5 yrs experience after IDCCN

Experience in Critical Care Medicine:-

(50% of Hospital time devoted to Critical care Medicine)

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

Fulfils eligibility criteria as nursing 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

Teaching experience: - Please give details ☐

Undertaking/Declaration:-
(Regarding Conflict of Interest)

I, . _____, 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.