



Indian Society of Critical Care Medicine

Indian College of Critical Care Medicine

Exam Form

Indian Diploma of Critical Care Medicine

Date of Examination: **Practical: April, 15th or 16th, 2017 (any one day)**

Fresher/Repeater: _____

Candidate Name: _____

Name of the Institute: _____

Name of the teacher: _____

Kindly submit the scanned copy of this exam form, by 10th February 2017, at the following email ids: education@isccm.org & executive_college@isccm.org

If this form is not submitted by the last date mentioned above, you will not be able to appear for the exam. Examination center shall be allotted by the college only after the receipt of this form

Practical Center will be allotted by College only. Request for change of venue or date of exams shall not be accepted in any circumstances.

Address of candidate: _____

_____ City _____

State: _____ Pincode: _____

Email: _____ Mobile: _____

Date of Joining the Course: _____

Date of Completion of Course: _____

Fee Details if repeater (If applicable: Cheque/DD no. _____ Date _____)

(Signature of candidate)