



Indian Diploma in Critical Care Nursing

(This course is run by Indian College of Critical Care Medicine on behalf of ISCCM)

Registration Form

(please fill in Capital Letters)

Name : _____

Age : _____ (DD/MM/YYYY)

Sex M F

Permanent Address : _____

Temporary Address : _____

Phone number: _____

Email ID: _____

Institution and address: _____

Phone number: _____

Fax : _____

Web address: _____

Educational Qualification

GNM

BSc Nursing

MSc Nursing

PG Diploma

Others specify

Years of experience ___

General Nursing ___

Critical care nursing ___

Training experience _____

ATCN

Others specify

Conferences attended

Working experience

Administrative experience

Membership details (If any)

Signature of the applicant

Signature of the approved teacher/ Course
Director (With institutional seal)

Date

Place

Please send the completed application form alongwith a draft of Rs 1,000.00 favoring **Indian Society of Critical Care Medicine – College** to the following address

Indian Society of Critical Care Medicine
Unit 6, First Floor,
Hind Service Industries Premises Co.operative Society,
Near Chaitya Bhoomi,
Off Veer Savarkar Marg,
Dadar,
Mumbai – 400028

Telephone No. 022-24444737 / 022-24460348
Fax No. 022-24460348
Email :-isccm1@gmail.com

Appendix :8

Teachers Application