



**INDIAN SOCIETY OF CRITICAL CARE MEDICINE
TEACHER'S FORM**



Name: - _____

Father's Name: - _____

Mother's Name: - _____

Date of Birth: - _____

Institutional Address: - _____

Home Address: - _____

Tel. No. _____(R) _____(O) _____

Mobile: - _____

E-mail1:- _____

E-mail2 _____

ISCCM Registration No. _____

Registration No. (MCI/State Medical Council)

Registration No.	MCI/State Medical Council	Year of Passing
Post Doctoral		
Post Graduate		
MBBS		

**Post Graduate Qualifications: - MD – Medicine/Anesthesia/TB & RPD/Pulmonary Medicine/
(See annexure - I)**

Emergency Medicine

MS - General Surgery/Orthopedics

Diploma – Chest/Anesthesia/ Orthopedics

Or

Any other [ABM, MRCP, FRCA etc.] Recognized equivalent by MCI

Training in Critical Care (Basic Training):- [see annexure - II]

Year of Passing

(a) IDCCM/IFCCM

22.DM (Pulmonary Medicine, Critical Care Medicine,

PCCM) American Board in Critical Care Medicine

EDIC/Intensive care Diploma (U.K.)/ Australian Board in critical Care

Other 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.					

***Basic eligibility:** - Basic PG Qualification (MCI Recognized not State Medical Council) plus 2yrs Training in Critical Care Medicine **[1-Yes, 2-No]**

****8yrs Experience in Critical Care Medicine, after basic Training [1-Yes, 2-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: - 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 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 certificate/experience
2. Also send both hard copy as well as soft copy of the application & certificates to the ISCCM office & Accreditation Coordinator.
3. Applicants are requested to send 2 complete sets of Teacher form with copies of all certificates (1 original set and 1 xerox set) to ISCCM office. Applicants are also requested to send the soft copy of the complete set in a CD to ISCCM office.

*Please fill the box with Numerical Number [Code for the subject/Training as given in annexure (I & II)]

Code [I] - Basic Qualification (PG Degree)

Code [II] - Basic Training in Critical Care Medicine

**"Supporting documents from the place of work" [e.g. MD in Anesthesia/Med in Dec. 2000

2 Years Training in Critical care Medicine – Dec., 2002, Eligible for Teacher – 1St Jan., 2011]

Annexure - I

Postgraduate Qualifications

Medicine – 1

Anesthesia – 2

TB/RPD/PM – 3

MS (GS) – 4

MS (Ortho) – 5

FRCA – 6

Emergency Medicine – 7

DA – 8

DTCD – 9

Other – 10

Annexure - II

Basic Training in ICU

IDCCM (Indian Diploma in Critical Care Medicine) - 1

IFCCM (Indian Fellowship in Critical Care Medicine) - 2

PCCM Pulmonary & Critical Care Medicine) - 3

CCM (Critical Care Medicine) - 4

ABCCM (American Board of Critical Care Medicine) - 5

EDIC/ICD (European Diploma in Critical Care) - 6

AB (Australian Board in Critical Care) - 7

Other - 8

Appendix :9