PASSPORT SIZE
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Indian Diploma in Pediatric Critical Care Technician (IDPCCT) (Exam Form- One Year Course)

**Please fill correct & clear information*

Date: - _ _ (Date) _ _ _ (mo) _ _ _ (Yr)

NAME: Date of birth: _ _ (Date) _ _ _(mo) _ _ _ (Yr) Sex:	
Address for all correspondence till exam: City: State: Email ID:	Pin Code: Telephone No. Mobile No.
Present employment/ place of work:	

Certificate of Eligibility

This is certify that Ms/Mr._____Has satisfactorily completed at least

12 months training at_____

From_____to_____

IAP Intensive Care Chapter College Of Pediatric Critical Care

Payble to "IAP Intensive Care Chapter " DD no. _ _ _ _ _ _

_ _ _ _ _ _ _ _ _

Bank_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Date of Issue _ _ (Date) _ _ _(mo) _ _ _ (Yr)

Name of Bank- Federal Bank
Name of accounts- PEDIATRIC INTENSIVE CARE CHAPTER
Type of account- Current A/c
Account No.- 24450200000940
IFSC Code- FDRL0002445

Mailing address
Dr. Nameet Jerath
OPD Room no 1238, gate no 10
Indraprastha Apollo Hospital, Mathura Road,
Sarita Vihar, New Delhi- 110076, India

Email: pr@piccindia.com; secretary@piccindia.com;

With CC to Course director email id

Tel: +91 98733 91910

Declaration by the Candidate

I hereby declare that my period of training for the "Indian Diploma in Pediatric Critical Care Technician"

Course was from ……. to…….
Please register me for the "Indian Diploma in Pediatric Critical Care Technician" course examination of the College of Pediatric critical care to be held in……. I agree to pay the fees and abide by the rules and regulations of the College and accept the decision of the examiners as binding. I understand that no refund is due to me if I am not able to successfully pass the final examination.
Signed by candidate in the presence of the program director:

Certified that the above particulars are correct.

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Enrollment fee of Rs. 2,500/- payable by DD or by bank transfer
Candidate Signature Director Name & Signature

Intensive Care Chapter College Of Pediatric Critical Care

*Please fill correct & clear information

1. Please fill column 1 with clear & correct information for further communication & For provisional certificate.
2. Send properly filled exam form duly signed by program director.
3. Please attach payment screenshot with the exam form.
4. Please send Exam form & other document by soft copy on mentioned email id with CC to your course director.

Best wishes and welcome to IAP Intensive Care Chapter College of Pediatric Critical Care Fellowship Program, India.

Thanks & Best Regards,

Dr. J Ebor Jacob	Dr. Manish Sharma	Dr. Vinayak Patki
Vice-Chancellor	Chancellor	Secretary