## Indian Diploma in Pediatric Critical Care Medicine (EXAM Form- One Year Course)

PASSPORT SIZE RECENT PHOTO

| please fill correct & clear information   |                           |                   |            |
|---|---------------------------|-------------------|------------|
| Date: (dt)(me                             | o)(Yr)                    |                   |            |
| (A)                                       |                           |                   |            |
| NAME:                                     |                           |                   |            |
| Date of birth (dt) _                      | (mo) (Yr)                 | Sex:              |            |
| Address for all correspondence till exam: |                           |                   | Pin Code   |
|   |                           |                   |            |
|   |                           |                   |            |
| City:                                     | State:                    |                   |            |
| Email: Tel Land line:                     |                           |                   | ):<br>     |
|   |                           | Cell:             |            |
| (D)                                       |                           |                   |            |
| (B)                                       | 77 C ·                    | <b>A</b> 44       | TT         |
| Qualifications                            | Year of passing           | Attempt           | University |
| MBBS<br>MD (Peds)                         |                           |                   |            |
| DCH                                       |                           |                   |            |
| DNB (Peds)                                |                           |                   |            |
| Others                                    |                           |                   |            |
| (C)                                       |                           |                   |            |
| Name and Address of the                   | e Hosnital from where     | vou are anniving? |            |
| 1 valle and 1 valless of the              | te 1105pitai 110iii where | you are applying. |            |
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|   |                           |                   |            |
| Exam fee of Rs. 10,000/-                  | navahle hv DD or hv       | hank transfer     |            |
| Ezam 100 01 185, 10,000/-                 | payable by DD of by       | vank u ansivi     |            |
| Payble to "IAP Intensive                  | Care Chapter "            |                   |            |
| DD no.                                    |                           |                   |            |



## IAP Intensive Care Chapter College Of Pediatric Critical Care



| Bank   |  |  |  |  |
|--|--|--|--|--|
| Date of Issue $\_$ (dt) $\_$ (mo) $\_$ (Yr)  |  |  |  |  |
|  |  |  |  |  |
| Bank Transfer Information  |  |  |  |  |
| Name of beneficiary - IAP Intensive Care Chapter   |  |  |  |  |
| Name of Bank- THE FEDERAL BANK LTD, SATARA   |  |  |  |  |
| Type of account & No. – 15840200003657, Current A/c  |  |  |  |  |
| IFSC Code- FDRL0001584   |  |  |  |  |
| Registered Mobile no for bank account 09822057577  |  |  |  |  |
|  |  |  |  |  |
| Mailing address  |  |  |  |  |
| Dr. Nameet Jerath  |  |  |  |  |
| OPD Room no 1238, gate no 10   |  |  |  |  |
| Indraprastha Apollo Hospital, Mathura Road,  |  |  |  |  |
| Sarita Vihar, New Delhi- 110076, India   |  |  |  |  |
|  |  |  |  |  |
| Email: vc.iapicc.college@piccindia.com; secretary@piccindia.com; office.iapicc.college@piccindia.com |  |  |  |  |
| With CC to Course director email id  |  |  |  |  |
| Tel: +91 98100 55670; +91 98733 91910  |  |  |  |  |
|  |  |  |  |  |
| Signed by candidate in the presence of the program director:   |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
| Candidate Signature Director Name & Signature  |  |  |  |  |



## IAP 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