IAP Intensive Care Chapter College Of Pediatric Critical Care



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PASSPORT SIZE **RECENT PHOTO**

Indian Fellowship in Pediatric Critical Care Medicine (EXAM Form- Two Year Course)

(A)				
NAME:				
Date of birth (d	t) (mo) _	(Yr)	Sex:	
Address for all corres	pondence till e	exam:		Pin Code
City:		State:		
E mail:			Tel Land lin Cell:	e:
(B)				
Qualifications	Year of passing		Attempt	University
MBBS		• •	•	
MD (Peds)				
DCH				
DNB (Peds)				
Others				
(C)				
Name and Address of	of the Hospita	<u>l from where</u>	<u>you are applying?</u>	
Exam fee of Rs. 15,0	00/- payable l	oy DD or by b	oank transfer	
Payble to "IAP Intens		ter "		
DD no.				
Bank				
Date of Issue (dt)	(mo)	(Yr)		





Bank Transfer Information

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 98733 91910

Signed by candidate in the presence of the program director:

Candidate Signature

Director Name & Signature



*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 Vice-Chancellor

Dr. Manish Sharma Chancellor

Dr. Vinayak Patki Secretary