

**NOMINATION FORM FOR
FELLOW OF INDIAN COLLEGE OF CRITICAL CARE MEDICINE (FICCM)**

Section I

Name:

Father's Name:

Nationality:

Age/Sex:

Mailing Address.....

CityState

Pin Code.....

Phone No. Mobile No.

Fax No. E-mail id

Section II

Academic qualifications (Degree/Diploma/ Fellowship):

Degree/Diploma	Subject	Name of Institution/University	Year of Passing

Work Experience:

Designation	Institution/Hospital	Duration	Month/Year From : to

Special Training (If any)

.....
.....
.....
.....
.....

Awards, Honours and Scholarships:

.....
.....
.....
.....
.....

Membership in Professional Societies:

.....
.....
.....
.....
.....

Contribution to Indian Society of Critical Care (Including membership of executive bodies, organization of Conferences, CMEs and workshops, Examinerships for critical care College exams such as IDCCM and IFCCM, participation in workshops, conference as faculty)

.....

.....

.....

.....

.....

Research Publications (Attach list of publications if necessary)

- 1.
- 2.
- 3.
- 4.
- 5.

References: Please provide names of three referees with whom you have worked in the field of critical care

1. Name :

Affiliation and Postal Address:

E-Mail Id

Phone number:

2. Name:

Affiliation and Postal Address:

E-Mail Id:

Phone number:

3. Name :

Affiliation and Postal Address:

E-Mail Id

Phone number:

DECLARATION

I, undersigned, declare that the information provided by me is true to best of my knowledge. I also confirm that I spend at least 50% of my professional time in the field of Critical Care Medicine. I authorize the Indian College of Critical Care Medicine to seek any information from my previous and present Employer / referee in order to aid in my application for fellowship in critical care medicine.

Name:

Signature:

Place:

Date :