



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



ISCCM Life Membership No. \_\_\_\_\_

Name: - \_\_\_\_\_

Father's Name: - \_\_\_\_\_

Mother's Name: - \_\_\_\_\_

Date of Birth: - \_\_\_\_\_

Institutional Address: -

\_\_\_\_\_

\_\_\_\_\_

Home Address: - \_\_\_\_\_

Tel. No. \_\_\_\_\_ (R)

\_\_\_\_\_ (O) \_\_\_\_\_

Mobile: - \_\_\_\_\_

E-mail1:- \_\_\_\_\_

E-mail2 \_\_\_\_\_

**Registration No. (MCI/State Medical Council)**

Registration No.	Indian Council of Nursing	Year of Passing

**Formal Qualification in Intensive Care:**

Indian Qualification	Month & Year of Passing
BSC post basic in critical care	
MSc Critical care	
PhD Critical care	
IDCCN	

**IDCCN candidate should have 5 yrs experience after IDCCN**

**Experience in Critical Care Medicine:-**

(50% of Hospital time devoted to Critical care Medicine)

Sr. No.	Designation	Year		Institute/Hospital	Total Experience
		From	To		
1.					
2.					
3.					
4.					
5.					
6.					

**Fulfils eligibility criteria as nursing teacher according to Nursing SOP**

**Yes/No**

**Working as full time in current place of working Yes/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: - Please give details**

**Undertaking/Declaration:-  
(Regarding Conflict of Interest)**

I, \_\_\_\_\_, 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 degree certificates/experience certificate.
2. Also send both hard copy as well as soft copy of the application & certificates to the ISCCM office.
3. Please attach appointment letter of your current Institute & Experience certificate of previous institutes.