1. Name of the Applicant: ______________________________________

Date of Birth:__________ Sex: ___________

Communication Address:

Contact No:

Email Id:

2. Qualifications

<table>
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<tr>
<th>Nursing Qualification</th>
<th>Name of the University</th>
<th>Qualifying Date</th>
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3. Prizes or distinctions obtained during Nursing Examinations:


4. Appointments held till date:

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<tr>
<th>Sr.No</th>
<th>Designation</th>
<th>Period</th>
<th>Teaching / Non-Teaching</th>
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</table>
5. Intensive care/ Neonatal/Pediatric/Adult training after Nursing if any from India or Abroad:

6. Any other skill training in related fields:

7. Number of publications (attach list):

8. Research presentations made in various scientific meetings (name of conference, title of paper, year – attach list):

9. Name and Address of the Institution where training is desired (enclose a letter of acceptance by the training institution)

10. Give justifications for the training sought

Certified that the above particulars are correct

(Signature of Applicant)

Place:

Date:
Rules for selection of candidates

The College of Pediatric Critical Care (CPCC) shall award Indian Diploma in Pediatric Critical Care Nursing to the candidates who have completed training in Pediatric Critical Care in IAP-ICC/ISCCM accredited centers anywhere in India.

ELIGIBILITY:

1. Candidates should have passed BSC nursing or general nursing with or without midwifery.
2. Age no bar.
3. The applicant should categorically indicate that the training received by him/her will be of use to the Institution / private practice.
4. Candidate should attach photocopy of the degree/certificate required for eligibility in their application to IAP-ICC College Director/Coordinator of the unit of the Institute.
5. Last date for applying is 30th November of the respective year. The applicants will have to submit their applications within stipulated time to the Centers where they are willing to do the fellowship.
6. List of the centers willing to start this course will be available from our website “www.piccindia.com”. If candidates are unable to obtain admission in the centers of their choice, they are at liberty to opt for other centers, where the seats are vacant.
7. It must be noted that the selected candidates would be subjected to the rules and regulations of the individual training centers regarding accommodation, library fees, messing etc.
8. Admission process - Interview and Admission locally by the accredited units.

Selected Candidates has to provide a Demand Draft of Rs 2500/- payable by DD OR

Online at https://www.piccindia.com

Name of beneficiary - IAP Intensive Care Chapter
Name of Bank- Federal Bank
Name of accounts- IAP Intensive Care Chapter
Type of account- Current A/c
Account No. 15840200003657
IFSC Code- FDRL0001584 Reg. Mob. No. 09822057577

Form to be mailed to
Dr. Praveen Khilnani
Vice Chancellor, IAP-ICC-College of Pediatric Critical Care
Clinical Director,
Madhukar Rainbow Children’s Hospital,
FC-29, Plot No. 5, Geetanjali Near Malviya Nagar Metro Station,
Gate No.1, New Delhi-110017 Email ID : drpraveen.k@rainbowhospitals.in