



College of Critical Care Medicine

(under Critical Care Education Foundation)

F- Gemini Park, Mankhurd, V.N. Purav Marg, Mumbai-400 088.

email: office@icudoctor.in

Tel: +91 9820038240



2-Yr Fellowship Examination of the College of Critical Care Medicine Endorsed by the International Board of Medicine and Surgery (IBMS) USA

To,
The President,
College of Critical Care Medicine

Date of application: _____

Application for appearing for the Critical Care Examination (of the College of Critical Care Medicine) (after 2015)

Examination Applied For: (please tic)

- | |
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| <p><input type="checkbox"/> Part-1 (Primary) Examination</p> <ul style="list-style-type: none"> Last date of Registration is 10th March. Examination will be December-February of following year. <i>See examination Calendar.</i> <p><input type="checkbox"/> Part-1 (Supplementary) Examination*</p> <ul style="list-style-type: none"> Last date for registration is within 15 days of completion of Part 1 practical exam in Feb. *This exam is only for the unsuccessful candidates of Part 1 Exam. Examination is held approx. 2 months after the part 1 Examination in Feb <p><input type="checkbox"/> Part 2 (Fellowship) Examination</p> <ul style="list-style-type: none"> Last date for registration is within 15 days of <u>successful</u> completion of Part 1 practical exam. Examination is held in October-December of same year. <i>See examination Calendar.</i> |
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Please note:

- This form must be filled by typing in microsoft word then emailed to college as well as printed and attached with application cheques as detailed below
- Type your Name EXACTLY as it should appear on your Certificate of Passing.
- All communications are on email or whatsapp/ Telegram app (on mobile) hence please recheck your email address and Mobile number on which whatsapp is available.
- Attach self -attested Xerox of Medical Registration Certificate in India (MCI or state).
- Attach a certificate from your ICU in-charge/ HRD dept. stating that you have 1 year of experience in ICU prior to joining this course.

1. FIRST NAME: _____
 MIDDLE NAME (optional): _____
 LAST NAME: _____

Name as it should appear on Certificate (in CAPITAL):

2. Age: _____

3. Sex: _____

4. Membership number of College of Critical Care Medicine*: **CCM**_____

5. Institute from which registered (with City): _____

6. Mobile number with whatsapp: _____

7. Confirm that whatsapp is available on this mobile (very important): YES / NO

(If NO then you need to supply mobile number on which messages can be sent to you on whatsapp. As communication will be on whatsapp, It will be your responsibility to provide a reliable mobile number)

8. email (important) in clearly readable text: _____

Paste photo here
(do not staple or sign)



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9. Name of Recognized teacher under whom you have trained:

10. Full Postal address for communication:

11. Payment Details: Payment in 3 parts for part 1 (A+B+C) and 2 parts for Part 2 (B+C) and repeaters.

A. **Membership Fee of College of Critical Care:** This is applied and paid for online. See www.icueducation.com for details. (Fee is currently Rs. 3225). Provide membership number and attach xerox of membership certificate downloaded after successful registration.

B. **Examination Fee:** Examination Fee of College of Critical Care Medicine is Rs 30,775 for Part 1 Exam and Rs 40,775 for Part 2 Examination as applicable. (Fee for repeater is same).

Provide Details of Cheque: (1) Multicity Cheque/DD favoring “*College of Critical Care Medicine*” (payable in Mumbai if DD) for **Rs:**_____ (specify Rs 30,775 for Part 1 Exam and Rs 40,775 for Part 2 Examination as applicable) **bearing Cheque no.**_____ **dated** _____ **drawn on (name of Bank):**_____.

C. **Subscription to online self Assessment (www.ICUEducation.com):** Multicity Cheque/DD favoring “*Accrete Critical Care International LLP*” (payable in Mumbai if DD) for **Rs. 4225** **bearing Cheque no.** _____ **dated** _____ **drawn on (Bank):**_____.

D. Fee paid is non-refundable and non-transferable to subsequent year under any circumstances.

E. This fee is NOT inclusive of Orientation Program fee, Mock examination fee or crash Courses that is organized for benefit of candidates.

F. This fee is exclusive of fee for IBMS endorsement of US Dollars 500 only to be paid if desired after completion of part 2 examination. (SEE form for IBMS Endorsement)

12. **Photographs:** Send 3 **RECENT** color photographs **with following specifications ONLY** [35 mm x 45 mm White background. Matt finish. **Face should occupy 80% of the photo.** Formal light color dress is must as this photograph will be on your Final Certificate. Do not write your name on backside].

a. Send 2 color photographs without stapling or pasting, in paper envelope with your name+ mobile number+ hospital+ examination for which you are appearing written on the envelope.

b. Paste 1 photograph on this form in space provided.





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13. Checklist: Please ensure that:

1. All details provided by you are accurate and legible.
2. **You have created a free account on www.icueducation.com with complete and accurate details. Please mention your user ID that you created here:**
(user ID: _____)
3. You have attached 2 separate multi-city cheque or DD as per examination fee detailed above and rechecked details are correct. (3 cheques if Membership of College not possible online and so being applied offline) as per details in (11) above.
4. **You have understood that Fee paid is non-refundable and non-transferable to subsequent year under any circumstances including failure in logbook.**
5. You have understood that this fee is NOT inclusive of Orientation Program fee, Mock examination fee or crash Courses that maybe organized for benefit of candidates.
6. You have understood that this examination is recognized for endorsement by IBMS-USA and that a separate fee of USD 500.00 only needs to be paid after clearing Part 2 Examination and this is optional and at your discretion.
7. Confirm that you have enrolled as member of the College of Critical Care Medicine **online**. Membership fee (lifetime) is Rs. 3225 only.
 - a. First register at site as free user.
 - b. Go to “college” section (www.icueducation.com/ccm_members/register/) and pay online. Please attach a Xerox copy of your membership certificate downloadable from the website “my account” section after registration as proof of membership.
8. You are aware that if you do not submit your required logbook in format provided, by due date, or the logbook is not upto the mark (need 50% marks to pass logbook), you will not be allowed to appear for the rest of the Examination and will need to re-register next year. Completed log book in strictly the format prescribed (see download section of website) must be submitted by due dates mentioned in the Calendar of College of Critical Care Medicine. **Those failing to submit the logbook on time will not be allowed to appear for the examination.**
 - a. Logbooks submitted after these dates but within 5 days have to pay late submission fee of Rs 10,000 along with the logbook. No logbook is acceptable beyond these dates.
 - b. Repeaters do not need to resubmit logbook.
9. All correspondence to candidates will be by email or whatsapp or SMS. Please ensure your email address and mobile number is correctly and clearly written. Ensure that you have whatsapp available on your mobile number provided as all communications are on email or whatsapp (on mobile) hence please recheck your email address and Mobile number on which whatsapp is available.
10. This form must be filled by typing in microsoft word then emailed to college as well as printed and attached with application cheques as detailed below. You must email this form to office@icudoctor.in with all details filled and in addition post it with the exam fee to the address above. Please intimate any changes in mobile no. or email immediately.
11. **Type your Name EXACTLY as it should appear on your Certificate of Passing. No Changes will be permitted later.**
12. Attach self attested Xerox of Medical Registration Certificate in India (MCI or state).
13. Attach a certificate from your ICU in-charge/ HRD dept. stating that you have 1 year of experience in ICU prior to joining this course.

Declaration: I have read the above and agree.

Date:

Place:

Signature: _____