

APPLICATION FOR CRITICAL CARE FELLOWSHIP (2YEARS)

(UNDER AUSPICES OF THE CRITICAL CARE EDUCATION FOUNDATION, COLLEGE OF CRITICAL CARE MEDICINE MUMBAI)

Please fill the form in capital letter

NAME: Dr.

.....

AGE/SEX: ..... MARITAL STATUS: .....

ADDRESS FOR CORRESPONDENCE: .....

.....

CITY: ..... STATE: ..... PIN CODE: .....

PERMANENT ADDRESS: .....

CITY: ..... STATE: ..... PIN CODE: .....

CONT. NO.: ..... EMERGENCY CONT. NO. ....

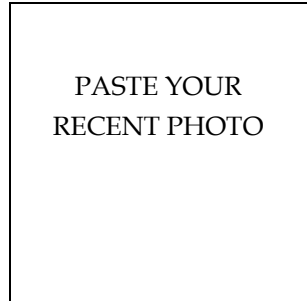
EMAIL ID: .....

PHYSICAL DISABILITY DETAIL (IF ANY) .....

.....

DMC REGISTRATION: ..... MCI REGISTRATION: .....

EDUCATIONAL DETAILS:



QUALIFICATION	YEAR OF PASSING	UNIVERSITY	PASSING PERCENTAGE	REMARKS

INTERNSHIP DETAILS:

NAME OF INSTITUTION	FROM	TO

PROFESSIONAL EXPERIENCE:

NAME OF ORGANIZATION	FROM	TO	DESIGNATION	DEPARTMENT	REMARKS

ADDITIONAL INFORMATION (IF ANY):

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ATTACHMENT LIST:

- 1.
- 2.
- 3.

**DECLARATION:-**

I hereby declare that the particular furnished above are complete and correct to the best of my knowledge and believe till date. I also understand that any discrepancy found, in any of the above statement will render me liable for cancellation of candidature /appointment at any stage.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of Candidate: \_\_\_\_\_

**General Information**

- Duration of Course is 2years (part 1& part 2)
- Candidates with MBBS/Diploma must have 2 years experience in Hospital before they can register of part 1(of which, one year must be in critical care)
- MD candidates can apply for registration for part-1 certificate course
- Selected Candidates will be paid stipend as per hospital norms
- It is a residency programme & 80% attendance is mandatory
- The selection will consist of written test, Vivas, Clinical Cases & OSCE (Objective Structure Clinical Examination)
- Last date of submission of form is 14<sup>th</sup> February 2019 (till 5:00 pm)
- Acceptance of form doesn't ensure admission to the course.