NEPALESE INSTITUTE OF CRITICAL CARE MEDICINE
Kathmandu, Nepal, Email: niccm2023@gmail.com, Website: https://nsccm.org.np

FACC APPLICATION FORM

Applicant Information

Personal Detail

First Name _____ Middle Name _____

Last Name _____ Nationality _____

Age _____ Sex _____

Date of Birth ____/____/_____ BS ____/____/_____AD

Citizenship Number: _____

Permanent Address:

House No. _____ Ward No. _____ District _____ Country _____

Temporary Address

House No. _____ Ward No. _____ District: _____ Country: _____

Mobile No: _____ Email: _____

Practicing Information:

Institute Name _____

Address _____

Designation _____

Phone No. _____

Mailing Address: _____

Qualifications:

Degree	University/Institution/ Country	Year obtained/completed

Preferred Site of Fellowship: *(based on your priority)*

1.

2.

3.

Note for Applicants:

1. Please submit the following documents along with this application form
    a. Scanned copy of academic Certificates (MD and MBBS)
    b. Scanned copy of NMC Specialty Registration Certificate
    c. Scanned Copy of Citizenship
    d. Bank Deposit Voucher
    e. Scanned Passport size photo (recent)
2. The candidate who will be registered for the Fellowship, should agree not to be enrolled to any other academic or university programs until the completion of the course.
3. Each participant willing to join the Fellowship program at NICCM will have to pay following fees to NICCM during the Fellowship program:
    a. Admission Fee: Rs. 50,000.00 (At the time of admission)
    b. Administrative Fee: Rs. 50,000.00 (Within three months after admission)
    c. Examination Fee: Rs. 50,000.00 (One month before the final exam)
4. Each participant after enrollment will be entitled for a stipend which shall be completely borne by the organizing institution/site of fellowship.

Declaration:

I, Dr. / Mr. / Ms. …… declare that all above details provided is true.

I hereby promise that I will abide with the rules, regulations and guidelines of NICCM & NSCCM.

……..
Signature of Applicant
Name of Applicant:
Date of Application: