Nepalese Society of Critical Care Medicine

Nepalese Institute of Critical Care Medicine

EXIT EXAM APPLICATION FORM

Fellowship in Adult Critical Care

Date of Examination: 7th January, 2026 to 11th January, 2026

Candidate Name:_____

Name of the Institute:_____

Faculty/Supervisor :_____

Kindly submit the scanned copy of this exam form, by 27th December, 2025 at the following email ids: niccm2023@gmail.com.

If this form is not submitted by the last date mentioned above, you will not able to appear for the exam. Examination center shall be allotted by the Society only after the receipt of this form.

_____

(Signature of candidate)

Nepalese Society of Critical Care Medicine

Nepalese Institute of Critical Care Medicine

COMPLETION CERTIFICATE

I confirm that Dr.....

has completed/likely to complete the requisite training at.....

.....

From …… / ……/ …… to ……/……../… ..... and has completed all the requirements to appear in the final exit examination.

He/She has attended the following additional workshops/trainings.

S.N	Additional Workshops/Trainings	Date	Venue	Attended
1				
2				
3				
4				
5				
6				

(Note: Kindly attach the photocopy of workshop certificate attended)

Name & Signature of Faculty/Supervisor

Date:...../...../.....