



## College of Critical Care Medicine

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### **APPLICATION FOR TEACHERSHIP for FCCCM FELLOWS**

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

To the President  
College of Critical Care Medicine

I am a Fellow of the College of Critical Care Medicine and am passionate about teaching and training future intensivists in the high traditions of the FCCCM program. Please include in the list of teachers. I am providing my details for your reference.

1. Name: \_\_\_\_\_
2. CCM membership Number: CCM\_\_\_\_\_
3. Current hospital where I practice: \_\_\_\_\_

4. Address for correspondence: \_\_\_\_\_

5. Contact details:

a. Mobile number: \_\_\_\_\_

b. Email: \_\_\_\_\_

6. Photograph (scanned here) and pasted:

7. Topics of special interest in Critical Care: