FELLOWSHIP APPLICATION FORM

Fellowship of the International Academy of Clinical and Cardiometabolic Practice (FIACCP)
Under the Academic Aegis of IDCM, CME INDIA & IJCCP

SECTION 1: PERSONAL DETAILS

Full Name	
Date of Birth	
Gender	
Nationality	
Photograph Attached	

SECTION 2: CONTACT DETAILS

Address	
City / State / Country	
PIN Code	
Mobile	
Email	

SECTION 3: PROFESSIONAL QUALIFICATIONS

MBBS	
MD / DNB	
DM / MCh	
Others	

SECTION 4: MEDICAL REGISTRATION

Registration Number	
Medical Council	
Year of Registration	

SECTION 5: CURRENT PROFESSIONAL DETAILS

Current Designation	
Institution / Clinic / Hospital	
Nature of Practice	
Years of Clinical Experience	
Areas of Practice	

SECTION 6: CME ACTIVITIES

CME / Conferences / Workshops	
Faculty / Speaker Roles	

SECTION 7: ACADEMIC & RESEARCH CONTRIBUTIONS

Publications	
Books / Chapters	
Research / Clinical Trials	
Teaching Experience	

SECTION 8: LEADERSHIP & PROFESSIONAL SERVICE

Positions Held	
Conference / CME Organisation Roles	

SECTION 9: COMMUNITY & PUBLIC HEALTH CONTRIBUTIONS

Community / Public Health Activities	

SECTION 10: ETHICAL DECLARATION

Declaration	I maintain ethical clinical practice and professional integrity.
Signature	
Date	

SECTION 11: FELLOWSHIP CATEGORY

Applied For	Regular / Distinction / Young Achiever / Honorary

SECTION 12: DOCUMENT CHECKLIST

Checklist	CV, Photo, Certificates, Registration, CME Proof, Publications, Recommendation

SECTION 13: DECLARATION

Applicant Declaration	I confirm that all information provided is true and correct.
Signature	
Name	
Date	

FOR OFFICE USE ONLY

Application ID	
Date Received	
Eligibility Check	
Academic Review	
Final Approval	
Date of Conferment	