



# CAPACITY BUILDING ON CRITICAL CARE, MANAGEMENT OF EMERGENCIES AND FIRST AID

IN PARTNERSHIP WITH

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

2022

APPLICATION FORM

**FOR OFFICAL USE:**

**ICMR/AU-STRC REQUEST no:**

Name of Applicant's Hospital -----

Name of the AU Member State -----

National Hospital

Name of Training Course(s)/Workshop(s) <sup>1</sup>	Number of participants

<sup>1</sup> The workshop information (names) are listed under the Programme coverage areas section of the concept note document

Venue of the Training Course(s)/Workshop(s) -----

Name of the Focal Person -----  
(First Name) (Surname)

Designation -----

Address of the Focal Person -----

Permanent Address of the Focal Person -----

Contact no. -----

E-mail address -----

Operational details of Hospital (Size, Number of Patients e.t.c) experience in the proposed area of training (not more than 200 words)

Brief write up on:

- i. Objectives/need to undertake training workshop and how the training will impact on the hospital services. (not more than 200 words)

- ii. Justification and relevance to ongoing/future service(s) of the Hospital (should not be more than 300 words)

- iii. Information on availability of mannequins for conducting hands on workshops on airway management and CPR:

- Airway mannequin

Yes	
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No	
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- CPR mannequin

Yes	
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No	
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If yes, how many	
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- iv. Information on availability of ultrasound machines for ultrasound workshop
  - Availability Ultrasound machine

Yes	
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No	
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If yes, how many	
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If yes, kindly elaborate:

Type, model, and any other info
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Name of the Chief Medical Director: -----

Physical Address: -----

Email: -----

Telephone: -----

Signature: -----

Date: -----