

**CHECK-LIST TO BE FILLED OUT BY THE APPLICANT****Full Name:** \_\_\_\_\_**Kindly print it and this is how it would be in your certificate****Application No.** \_\_\_\_\_ ( will be given by BCP-I)

ITEM	YES	NO
1) Application form filled completely		
2) Copy of latest degree certificate		
3) Copy of perfusion certificate		
4) Work experience letter		
5) Details of CPB conducted as per format (for last 2 years)		
6) Other supporting documents (to be listed by applicant)		
a)		
b)		
c)		
7) Photographs – 4 copies of recent photo size 35 x 35mm; One on application form first page (signed across)		
One for Board records       } all 3 unsigned,		
One for Board certificate     } with full name		
One for Certification id card } & app no on reverse		
8) Specimen signatures in appropriate columns		
9) Fees DD No. _____ dated _____, Bank _____ DD Payable to 'Board of Cardiovascular Perfusion- India' at Ahmedabad, Gujarat.		

Rupees 1000/- for Indian residing and working in India -- Rupees 2000/- for others  
( kindly add additional collection charges if applicable as per the prevailing  
Banking / RBI policies if any.)



Full Name: \_\_\_\_\_

**Kindly print it and this is how it would be in your certificate**

Application No. \_\_\_\_\_ (to be given by BCP-I) CHECK-LIST

**NOTE: PLEASE DO NOT FILL OUT OR MARK ANYTHING ON THIS PAGE**

ITEM	YES	NO
1) Applicant's Check List completed (All Yes)		
2) Criteria for BCP-I Certification		
A) Diploma in Perfusion Technology given by Indian Association of Cardio-Vascular and Thoracic Surgeons.		
B) Diploma given by any other Perfusion School		
C) Degree in Perfusion given by any recognized college/university		
D) 10 years in practice as Perfusionist		
E) Having done 50 pumps a year minimum.		
ELIGIBLE FOR CERTIFICATION BY 'GF' CLAUSE		
IF NOT ELIGIBLE FOR 'GF', THEN		
3) ELIGIBILITY FOR APPEARING FOR EXAM		
A) B Sc with Biology or chemistry as subject and /or		
B) Diploma /degree in perfusion		
C) Having done 50 pumps a year minimum.		
ELIGIBLE TO APPEAR FOR CERTIFICATION EXAM		
IF NOT eligible for writing exam, revert to applicant to make up the deficits.		
IF eligible to forward the applicant's details to exam section		
Applicant has cleared the exam		
ALL FORMALITIES COMPLETED		
BCP-I Certification Number		
Date of Certification		
Certification Valid till		
Certification certificate issued on		
Membership card issued on		



**BOARD OF CARDIOVASCULAR PERFUSION - INDIA (BCP-I)  
DATA-CUM-APPLICATION FORM**

Paste a recent  
colour photo  
of 35x35 mm  
with sign  
across the  
photo OR  
SCAN and  
attach

APPLICATION NO: \_\_\_\_\_ (Will be given by BCP-I)

**I. PERSONAL**

NAME: \_\_\_\_\_

**Kindly print it and this is how it would be in your certificate**

DATE OF BIRTH: \_\_\_\_\_ (dd/mm/yyyy) Gender: Male/ Female

**RESIDENTIAL ADDRESS:**

HOUSE No., STREET, etc

CITY, STATE, PIN

Tele: Resi: ( ) \_\_\_\_\_ Cell: \_\_\_\_\_

email: \_\_\_\_\_

**When ever there is a change in your address or contact number and E-mail ID it has to be informed to the board**

**EMPLOYERS ADDRESS:**

HOSPITAL NAME

ADDRESS

CITY, STATE, PIN

Tele: Hosp: ( ) \_\_\_\_\_ Cell: \_\_\_\_\_

email:: \_\_\_\_\_

AT WHICH ADDRESS WOULD YOU LIKE TO RECEIVE CORRESPONDENCE

1)RESIDENCE YES /NO

2)WORK YES / NO

**II. EDUCATIONAL QUALIFICATIONS:**

**A) GENERAL:** (Please start from S.S.C. or equivalent and proceed up to latest. Mention any ongoing programmes last; DO NOT include Perfusion education)

No	Qualification Deg/Dip/Cert	Institute Name & Location	Board / University	From	To	Grade / Marks %
1	10 STD					
2	PLUS TWO					
3						

**B) PERFUSION TECHNOLOGY:**

1) Did you undergo formal training in Perfusion Technology? YES  NO   
If yes, go to B1; If No, go to B2

**TABLE B1:**

No	Qualification Deg/Dip/Cert	Hospital Name	Board / University	Duration	Coordinator / Chief surgeon
1	CERTIFICATE				
2	DIPLOMA				
3	B.sc Perfusion				
4	M.Sc Perfusion				
5					
6					

**TABLE B2: Details of OJT (On the Job Training)**

No	Hospital Name & Location	Designation during training	Duration	Chief Surgeon	Chief Perfusionist
1					
2					
3					

**B3) Do you have a D.P.T. given by IACVTS? YES  NO**

- i) If yes, were you covered by the 'Grand father clause' YES  NO   
ii) If no, give details of the perfusion exam

- a) Year when you appeared:  
b) Hospital where you were working at that time:  
c) Chief Surgeon under whom you were working:



**III. WORK EXPERIENCE:**

No	Hospital name, City	Designation	From	To	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

**IV. PERFUSION RELATED INFO:**

A) Number of years in Perfusion: \_\_\_\_\_

B) Have you attended conferences of ISECT / IACVTS YES  NO

If yes, how often:

- i) Every year / almost every year
- ii) Once in 2 years
- iii) Once in 5 years

C) Have you presented papers / posters at the conference: YES  NO

If yes, how many :( attach copies of papers/poster)

- i) 1
- ii) 2 – 4
- iii) 5 – 10
- iv) > 10

D) Give details of any specialized training programmes that you have attended:

Year and month; duration; Hospital & location; type of training; letter or certificate recd

E) Have you published any papers in any Perfusion related topic? YES  NO

If yes, give details: Name of article, authors, Journal, volume & issue, page nos.

(Attach a copy)

F) Have you participated in and / or presented papers in international conferences: YES  NO

If yes, give details:

G) Any other details you would like to give about yourself, your achievements, abilities etc.

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**DECLARATION:**

I, \_\_\_\_\_, hereby solemnly and sincerely affirm that all the particulars stated by me in this application form are true and correct. I have not concealed any information. However, if any information furnished herein is found fraudulent, incorrect or untrue, I understand that I will be liable to criminal prosecution and I also agree to forego my membership of this board. I agree to abide by the rules & regulations governing the Board, which may be amended from time to time. I understand that the penalty for misleading information or for concealing information may include cancellation of my Board certification and all other privileges that go with it, and/or any other penalty as per the bylaws of the Board.

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

Place: \_\_\_\_\_ Signature of Applicant.

**NOTE:** Certification of the Board will be given strictly on the basis of the criteria laid down for the same. However, the Board would like to have a complete picture of the individual; hence you are requested to fill out all the particulars.

1	2	3
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SPECIMEN SIGNATURES: SIGN INSIDE THE BOXES WITHOUT TOUCHING THE BORDERS

PLEASE SEND ALL YOUR DOCUMENTS TO THE FOLLOWING ADDRESS:

RAVINATH SWAMI  
(SECRETARY, BCP-I)  
401 VRINDAVAN,  
YOGA NIKETAN MARG,  
BANGUR NAGAR  
GOREGAON (W)  
MUMBAI 400104

Email: r\_swamis@yahoo.com  
Cell: +919821280011



**FORMAT FOR DETAILS OF CPB CONDUCTED BY THE BCP-I APPLICANT**

<b>Sr. No.</b>	<b>Date</b>	<b>AGE / SEX</b>	<b>PROCEDURE</b>	<b>ACC mins</b>	<b>CPB mins</b>	<b>Remarks, if any</b>
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NAME OF APPLICANT: \_\_\_\_\_

**Kindly print it and this is how it would be in your certificate**

NAME OF THE INSTITUTE FROM WHICH YOU GOT PERFUSION

INSTITUTION NAME: \_\_\_\_\_

DEEMED UNIVERSITY / UNIVERSITY: \_\_\_\_\_

YEAR OF PASSING: \_\_\_\_\_

NAME OF HOSPITAL AND LOCATION: \_\_\_\_\_

The above details are true and taken from official records.

\_\_\_\_\_  
Name and Sign of Applicant

The applicant has conducted the above CPB.

Verified by

\_\_\_\_\_  
Signature and Name of Chief Perfusionist

\_\_\_\_\_  
Signature, Name and Designation of HOD (Surgeon)

STAMP OF DEPARTMENT OR SURGEON:

NOTE: PLEASE SEND THE DETAILS OF 50 CPB FOR EACH OF LAST TWO YEARS





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**Very Important notice: our web page: [www.bcp-i.com](http://www.bcp-i.com)**

**To join our Educational forum kindly email:**

**e-perfusionist-subscribe@yahoogroups.co.uk**

**This forum will be our official news letter for all our board correspondence please use it**

**Kindly note the contact details of the directors and add them to your address book then only you will get all our mail, otherwise all our correspondence will go to spam and you will not get those mails. We correspond only through e-mails. And further kindly check your mails on day to day basis to update yourself with BCP-I activities.**

Regards

A. RAVINATH SWAMI

On behalf of BCP-I team

<p><b><u>PRESIDENT:</u></b>  <b>MR. SIMON R. PINTO,</b>  <b>19, SAMARPAN BUNGALOWS,</b>  <b>SP RING ROAD,</b>  <b>Opp. HDFC Bank,</b>  <b>BOPAL,</b>  <b>AHMEDABAD - 380058</b>  <b>CELL: +91 9327006325</b>  <b>Email: drrameshrau@yahoo.com</b></p>	<p><b><u>SECRETARY;</u></b>  <b>RAVINATH SWAMI</b>  <b>401 VRINDAVAN,</b>  <b>YOGA NIKETAN MARG,</b>  <b>BANGUR NAGAR</b>  <b>GOREGAON (W)</b>  <b>MUMBAI 400104</b>  <b>Email: r_swamis@yahoo.com</b>  <b>Cell: +919821280011</b></p>
<p><b><u>Director Examinations</u></b>  <b>Mr. P.V.S. Prakash</b>  <b>pvsprakash@yahoo.com</b>  <b>cell +91 9845735426</b></p>	<p><b><u>Treasurer</u></b>  <b>Mr. Sunil Vyas</b>  <b>sunilvyas2001@yahoo.com</b>  <b>Cell: +919824069456</b></p>
<p><b><u>Directors</u></b></p>	
<p><b>Dr. R.R.Rau MD</b>  <b>dr.ramesh.rau@gmail.com</b>  <b>+919327006325</b></p>	<p><b>C.N.Sunilkumar</b>  <b>sunilnarayana@gmail.com</b>  <b>+919946667637</b></p>
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<p><b><u>Advisors</u></b>  <b>1) John B.Ravi (USA)                      jbravi@yahoo.com</b></p>	

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