



# Indian Association of Cardiovascular Thoracic Anaesthesiologists

## Application Form FIACTA Registration or Examination

(To be filled in block letters)

Affix one recent  
passport size  
photograph

*IACATA Life Membership is mandatory for FIACTA Registration and or Examination*

IACATA Membership No:..... Attempt ( First / Second / Specify):.....

Title (Dr., Prof.):.....

First name:.....

Middle name:.....

Last name:.....

Age:..... Gender:..... Date of birth:.....

Nationality:.....

Qualifications:.....

Designation:.....

Name of the Institution:.....

Institutional address :.....

.....

State:..... Pincode:

Tel (Res):..... Office:..... Fax:.....

Mobile:..... Email ID:.....

Address for Correspondence:.....

.....

State:..... Pincode :

### PAYMENT OPTIONS:

|                                  |   |
|----------------------------------|---|
| Demand Draft                     | Favoring IACTA payable at Trivandrum: Mail it to the IACTA office.  |
| Cheque or Cash                   | Remit in any SBI branch to the account number given below and mail the counterfoil of the Pay-in-Slip to the IACTA office.<br>(If you are mailing the cheque to the IACTA office, add Rs 75 as outstation charges.) |
| Electronic Transfer<br>(As NEFT) | State Bank of India - Medical College Branch (Branch code: 10707),<br>Trivandrum. Account No: 30007410621<br>Account Name: IACTA IFS Code: SBIN0010707  |

### DETAILS OF PAYMENT:

Demand draft  Cheque  Electronic transfer  Cash

DD/ Cheque no :..... Bank:.....

Date of NEFT transfer/cash/cheque Remittance:..... Amount:.....

Transaction ID/UTR No & Bank (For Electronic transfer):.....

Local SBI Branch (Code/Name if applicable) :..... Signature :.....

## FIACTA Registration or Examination: guidelines

1. Candidate must be a life member of IACTA. Life membership form is available at [www.iacta.co.in](http://www.iacta.co.in)
2. The fee for registration of a candidate for FIACTA is Rs 10,000. This should be paid to the IACTA office at the time of enrolment as a FIACTA candidate. Further the candidate will have to pay the examination fee of Rs 10,000 at the time of applying for the examination. Candidates who register for the examination and do not appear will forfeit the examination fee. Fee for second or subsequent attempts is also Rs 10,000. Students who do not appear due to medical reasons will have to pay Rs 5000 at the next attempt. However the medical reasons given will be verified by the IACTA office.
3. Completed forms to be send to the IACTA office along with information of mode of payment. Candidates will receive confirmation of receipt of the registration & examination form ( and Life membership if applied ) from IACTA office once the payment has been confirmed. Within 30 days they will also receive a mail from the Indian College Cardiac Anaesthesia (ICCA) / IACTA office regarding FIACTA registration and or examination.
4. Log book of 100 cases, certified by the Head of Department or Mentor. For HODs self-certification is acceptable.
5. Syllabus of FIACTA can be downloaded from the website [www.iacta.co.in](http://www.iacta.co.in)
6. For passing the examination, candidate is required to score 60% marks in each component.
7. Dates of examination: Mid-August every year. The exact dates can be obtained from website / ICCA / IACTA office.
8. Last date for application is two months before the examination; last date for cancellation is one month before the examination.
9. Accommodation will be made available for 2 days (exam days).
10. Please visit [www.iacta.co.in](http://www.iacta.co.in) for updates.

..... SEND TO .....

(Surface mail and Email with scanned copy or details)

Dr. Thomas Koshy

Secretary IACTA

IACTA Office, Anaesthesia House, First Floor,

GCDA Shopping Complex , Panampilly Nagar,

Cochin - 682 036, Kerala, India. Phone: 0484 4011307, Mobile: 9895519551

Email : [iactasecretariat@gmail.com](mailto:iactasecretariat@gmail.com)

Website : [www.iacta.co.in](http://www.iacta.co.in)

---

For Office use only

Received date    /    /        DD / Cheque No: .....Bank:.....

Electronic transfer / Cash / Cheque Remittance details:.....

Amount:.....Receipt No:.....