



Indian Association of Cardiovascular Thoracic Anaesthesiologists

Application/Nomination for the Position of Advisor of Indian College of Cardiac Anaesthesia (ICCA)

(Tenure: Feb 2026-2029, Last date for application 30th November, 2025)

Name:

IACCTA Life Membership No:

Year of Joining IACCTA:

Mobile No:

Email:

Age: Date of Birth:

Gender:

Permanent Address:

Institution/Hospital address:

Previous College Board, ICCA or IERC / Executive Committee, IACCTA Positions held

(Enter the tenure also):

- 1.
- 2.
- 3.
- 4.
- 5.

Nominated by:

(1) Name:

IACCTA Membership No:

Address:

Email:

Signature:

Eligibility Criteria (Please attach proof / list for each of the criteria mentioned below)

1. Attended 15 IACCTA conferences: Yes / No
2. Attended 12 IACCTA conferences as faculty: Yes / No
3. Attended 8 IACCTA-endorsed TEE conferences: Yes / No
4. Attended 6 IACCTA endorsed TEE conferences as faculty: Yes / No

5. Been part of cardiac anaesthesia (DM / PDCC / FIACTA / FNB / DNB / DrNB) or IACTA Training programs: Yes / No
6. Contributed to the training of 10 candidates for DM / PDCC / FIACTA / FTEE / FNB / DNB / DrNB in Cardiac Anaesthesia: Yes / No
7. Published / Co-authored 25 papers related to cardiac anaesthesia in indexed journals (first 3 authors/last author/corresponding author): Yes / No
8. Contributed to two publications at IACTA Echo Library (author or co-author): Yes / No
9. Delivered 50 guest lectures at national and international conferences in Cardiac Anaesthesia specialty or TEE: Yes / No
10. Served on the editorial board of Annals of Cardiac Anaesthesia: Yes / No
11. Served on IACTA EC or ICCA or IERC for three terms (at least 6 years): Yes / No
12. Reviewer of Annals of Cardiac Anaesthesia, IACTA Echo library, Indexed journals: Yes / No
13. Served as Dean / Vice Chancellor / Registrar of ICCA: Yes / No
14. Faced any disciplinary action by IACTA: Yes / No
15. Any other information/achievement:

DECLARATION

I declare that the information given above is correct and true to the best of my knowledge. The application/nomination will be cancelled if any information is found incorrect.

Signature:

Date:

SEND TO: Secretary IACTA (by email)
iactasecretariat@gmail.com

IACTA Office, Anaesthesia House, First Floor, GCDA Shopping Complex, Panampilly Nagar,
Cochin - 682 036, Kerala. Ph: 9895519551

For IACTA Office use only

Verified the details: Yes / No

Date Received: / /

Names & Signatures: