Applications / nominations are invited for the post of Executive Council member of IACTA. The tenure of the post is two years starting from February 2020. Election / nomination will be held during the annual general body meeting of IACTA during the National Conference of IACTA at Goa on Feb. 8th 2020. Interested IACTA members are requested to apply in the form posted on the website. The last date for receipt of application is December 31st, 2019. Application received after the cut-off date will not be entertained. Last date for withdrawal of application is January 15th, 2020. Application should be sent by email to the secretary office on the address given below. Application can be sent by email also, but the hard copy MUST reach the secretary office by surface mail by 31.12.2019.

Please note that there are five seats falling vacant in Feb 2020 (North zone 3; West zone 1 and South zone 1). The zonal distribution of the posts and the vacant posts are given in the table. If there are no eligible applications from any of the zones, candidates from the other zones may be selected or nominated by President IACTA as per the IACTA bylaws.

**Eligibility criteria for post of executive council member:**
1. Should be a life member of IACTA for at least 8 years and actively involved in the practice of cardiac anesthesia.
2. Age should be more than 35 years.
3. Participation in National Conferences of IACTA on at least 5 occasions during the last 7 years.

**Zonal distribution of “Executive Council Member” seats:**

<table>
<thead>
<tr>
<th>Zones</th>
<th>States included</th>
<th>Total no. of Posts</th>
<th>Vacant posts (Feb.2020)</th>
</tr>
</thead>
<tbody>
<tr>
<td>North</td>
<td>Delhi, Haryana, Punjab, Jammu &amp; Kashmir, Laddakh, Chandigarh, Uttarakhand, Himachal Pradesh</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>West</td>
<td>Maharashtra (excluding Vidarbha), Gujarat, Rajasthan, Goa</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Central</td>
<td>Madhya Pradesh, Utter Pradesh, Bihar, Chhattisgarh, Jharkhand, Andhra Pradesh, Telangana, Vidarbha (MH.)</td>
<td>2</td>
<td>NIL</td>
</tr>
<tr>
<td>East</td>
<td>West Bengal, Assam, Orissa, Sikkim, Tripura, Meghalaya, Manipur, Nagaland, Mizoram, Arunachal Pradesh</td>
<td>1</td>
<td>NIL</td>
</tr>
<tr>
<td>South</td>
<td>Tamil Nadu, Kerala, Karnataka, Pondicherry</td>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>
Application for the post of IACTA Executive Council Member
(Tenure: Feb 2020-2022, last date for application: 31st December, 2019)

Name ...........................................................................................................................................................................
IACTA Life Membership No .................................................. Date/yr. of Joining IACTA ................................................
Mobile No .........................................................................................................................Email .........................................................................................................................
Age .................................................................................................. Date of Birth .................................................................................................. Gender ......................................................................................................................
Permanent Address .............................................................................................................................................

Institution/Hospital address ........................................................................................................................................

IACTA national conferences attended in last seven years:
1. 2019 Kolkata Yes / No
2. 2018 Hyderabad Yes / No
3. 2017 Pune Yes / No
4. 2016 Chennai Yes / No
5. 2015 Jaipur Yes / No
6. 2014 Mumbai Yes / No
7. 2013 Cochin Yes / No

Previous executive committee position held in IACTA (please enter the tenure also):
1 .................................................................................................................................................................................................
2 .................................................................................................................................................................................................

Personal Achievements (Optional):
1 .................................................................................................................................................................................................
2 .................................................................................................................................................................................................

Proposed by (Two life members of IACTA):
(1) Name ................................................................................................................. IACTA membership No.
Address ......................................................................................................................................................................................
Mobile ........................................................................................................................................................................................

(2) Name ................................................................................................................. IACTA membership No.
Address ......................................................................................................................................................................................
Mobile: ............................................................................................................................
Applying EC member for IACTA zone:

North / West / South

(please click whichever is applicable. For details of your zone, please see the election notification)

Declaration

I .........................................................................................................................., do hereby declare that the information provided above is the truth, to the best of my knowledge, and am aware that I am likely to be disqualified from contesting if anything is proved wrong.

Signature: Place:

Date:

For Office use only

Verified the details: Yes / No Date Received: / /

Names & Signatures:

SEND TO
(Emails and Surface mail)

Dr. Rajesh Arya,
Secretary, IACTA
Dept. of Anaesthesia, Hero DMC Heart Institute, Civil Lines, Tagore Nagar, Ludhiana (PUNJAB) 141001. Ph: 0161 2304272 (Ext.384); Mobile: 9915884444
Email: iactasecretariat@gmail.com, (alternate email: drrajesharya@yahoo.com)