

INDIAN ASSOCIATION OF CARDIOVASCULAR THORACIC ANAESTHESIOLOGISTS (IACTA)

Application/Nomination Form for the post of Dean Academics, ICCA

(tenure: March 2022 to Feb. 2025 yrs.)

Name of the person nominated (self or other):

IACTA number:

Life membership of IACTA since:

Email:

Mobile no.:

Address:

The applicant / nominee should have -

- a. Attended twelve (12) IACTA national conferences: Yes/No (attach proof)
- b. Attended ten (10) IACTA conferences as faculty: Yes/No (attach proof)
- c. Attended at least eight (8) IACTA endorsed TEE conferences: Yes/No (attach proof)
- d. Attended at least four (4) IACTA endorsed conferences as faculty: Yes/No (attach proof)
- e. Part of cardiac anaesthesia (DM / PDCC / FIACTA / FNB / DNB cardiac anaesthesia) or IACTA training program: Yes / No
- f. Contributed in training of at six (6) candidates for DM or fellowship in cardiac anaesthesia or TEE fellowship or FNB or DNB or PDCC cardiac anaesthesia: Yes/ No
- g. Published at least fifteen (15) papers related to cardiac anaesthesia in an indexed journal: Yes/No (please attach the list)
- h. Contributed for two (2) publications at IACTA Echo Library: Yes / No
- i. Delivered twenty-five (25) guest lectures at various national and international conferences in specialty of cardiac anaesthesia and / or TEE: Yes/No (please attach the list)
- j. Been on editorial board of Annals of Cardiac Anaesthesia: Yes / No
- k. Served at IACTA EC or ICCA or IERC for two (2) terms (at least 4 years): Yes / No
- l. Reviewer for following journals:
 - a. Annals of Cardiac Anaesthesia: Yes/No
 - b. IACTA Echo Library: Yes/No
 - c. Any other indexed journals:
- m. Served as academic council member of ICCA: Yes / No
- n. Faced any disciplinary action by IACTA: Yes / No
- o. Any other information/achievement:

I declare that the information given above is correct and true to my knowledge. If any information given is found incorrect, the application / nomination will stand cancelled.

Name

(signatures)

Nomination submitted by:

Name:

(signatures)

Mobile:

Date:

Email:

Place:

(The application/nomination form should reach to iactasecretariat@gmail.com by 31.12.2021)