

## Indian Association of Cardiovascular Thoracic Anaesthesiologists

## **Application/Nomination for the Position of Chancellor of Indian College of Cardiac Anaesthesia (ICCA)**

(Tenure: Feb 2025-2028, Last date for application 15<sup>th</sup> September, 2024)

Name:			
IACTA Life N	Membership No:	Year of Joining IACTA:	
Mobile No:		Email:	
Age:	Date of Birth:	Gender:	
Permanent Ad	ldress:		
T			
Institution/Ho	spital address:		
Previous Coll	lege Board, ICCA or IER	C / Executive Committee, IACTA Positions held	
(Enter the tenu	ure also):		
1.			
2.			
3.			
Nominated by	<b>y</b> :		
(1) Name:		IACTA Membership No:	
Address:			
Email:		Signature:	
Eligibility Cr	iteria (Please attach proof /	list for each of the criteria mentioned below)	
1. Attend	led 15 IACTA conferences:	: Yes / No	
2. Attended 12 IACTA conferences as faculty: Yes / No			
3. Attend	led 8 IACTA-endorsed TEE	Conferences: Yes / No	
4. Attend	led 6 IACTA endorsed TEE	conferences as faculty: Yes / No	
5. Been p	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: 0484 4011307, 9895519551

## For IACTA Office use only

Verified the details: Yes / No Date Received: /

Names & Signatures: