



## *Indian Association of Cardiovascular Thoracic Anaesthesiologists*

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

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

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.

#### **Nominated by:**

(1) Name:

IACCTA Membership No:

Address:

Email:

Signature:

#### **Eligibility Criteria** (Please attach proof or list for each of the criteria mentioned below)

1. Attended 12 IACCTA conferences: Yes / No
2. Attended 10 IACCTA conferences as faculty: Yes / No
3. Attended 8 IACCTA-endorsed TEE conferences: Yes / No
4. Attended 4 IACCTA endorsed TEE conferences as faculty: Yes / No
5. Been part of cardiac anaesthesia (DM / PDCC / FIACCTA / FNB / DNB / DrNB) or IACCTA Training programs: Yes / No
6. Contributed to the training of 6 candidates for DM / PDCC / FIACCTA / FTTEE / FNB / DNB / DrNB in Cardiac Anaesthesia: Yes / No

7. Published / Co-authored 15 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 25 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 two terms (one term in EC): Yes / No
12. Reviewer of Annals of Cardiac Anaesthesia, IACTA Echo library, Indexed journals: Yes / No
13. Served as Dean / Academic Council member 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:

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**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

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### **For IACTA Office use only**

Verified the details: Yes / No

Date Received:        /        /

Names & Signatures: