

Indian Association of Cardiovascular Thoracic Anaesthesiologists

Election Notification: Associate Vice President, IACTA (Tenure: Feb. 2020- Feb. 2021)

Applications / nominations are invited for the post of Associate Vice President of IACTA. The tenure of the post is one year 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. 8th2020. Interested IACTA members are requested to apply in the form posted on the website (same in the newsletter). 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 secretary office by surface mail. Applications may be sent by email, but a hard copy MUST reach IACTA secretariat by due date (address given below).

Eligibility Criteria for the pos of Associate Vice President:

- i) Should be a life member IACTA for at least 12 years and actively involved in the practice of cardiac anesthesia.
- ii) Should have been a member of executive council of IACTA for at least two terms or one term as executive council member and the second term as a member of any subcommittee or committee.
- iii) Participation in National Conferences of IACTA on at least 8 occasions during the last 12 years.

Application for the post of Associate Vice President of IACTA

(Tenure: Feb. 2020-2021, Last date for application 31st December 2019)

Na	ıme			
			Date/yr. of Joining IA	
			Gender	
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	CTA national confere		last 12 yrs.:	
	 2019 Kolkata 2017 Pune 	Yes / No Yes / No	2. 2018 Hyderabad	Yes / No Yes / No
	5. 2017 Fulle 5. 2015 Jaipur		6. 2014 Mumbai	
		Yes / No		Yes / No
	9. 2011 Bangalore	Yes / No	10. 2010 Kolkata	Yes / No
	11. 2009 Chennai	Yes / No	12. 2008 Ahmedabad	Yes / No
1		-	d in IACTA (please mention t	
	ersonal Achievements			
2				
Pr	oposed by (Two life me	mbers of IACTA):		
1.	Name		IACTA number:	
	Mobile:	Email:		
2.	Name		IACTA number:	
	Mobile:	Email:		

Declaration.....do

	do hereby declare that the information the best of my knowledge, and am aware that I am likely t fanything is proved wrong.
Signature:	Place: Date:
	For Office use only
Verified the details: Yes / No	

SEND TO

(Emails and Surface mail)

Dr. Rajesh Arya,

Secretary IACTA,

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