International Academy of Anesthesia & Critical Care

Application Form for BLS/ACLS Provider Training Course

Important instruction: Please submit a scanned copy (not a photographed image) of this completed form in **PDF format**. Preferably use a dedicated **scanner.** *Forms submitted with distorted, low-quality, or greyscale images (often caused by mobile camera scans) will be* rejected

1. Basic Details

Title of the Program:

Date(s):

Venue:

2. Organizing Team Details (edit headings as per your program)

Organizing Team			
Names	Organizing Chairperson	Organizing Secretary:	Other
Contact Email:			
Mobile Number:			
Affiliated Institution/Hospital:			
Country/State			

3. Involvement of IAOACC Resource Faculty

Name/s of IAOACC Resource Faculty in the Program:

Role in the Program: □ Chairperson □ Organizing Secretary

□ Scientific Chairperson □ Faculty Speaker

□ Other (specify): _____

Note: *In the event that no IAOACC Resource Faculty is part of the organizing team, the Academy reserves the right to nominate a Resource Faculty member to serve as an official observer. The organizing institution shall be responsible for the travel and hospitality expenses of the nominated faculty.*

4. Trainer (List only valid Trainers/Instructers)

- Name(s) and Designation(s):
- Affiliation(s):
- Topic(s) of Presentation:

Detailed scientific program Available: □ Yes *(Attach in PDF format)*

5. Fee & Payment details

Standard Fee: ₹5,000

☐ *I agree to pay the standard accreditation fee of ₹5,000.*

☐ *I would like to request a fee waiver (please specify the reason below)*

_____
_____
_____

Account Details for Payment:

Name: *Academy of Anesthesia & Critical Care*
Account Number: *44509503704*
Bank: *State Bank of India*
Branch: *Jhansi Main Branch*
IFSC Code: *SBIN0000102*

Payment Details :

☐ UPI. _____ (Transaction id)

☐ Bank Transfer. _____ (UTR Number)

Note: The application will be reviewed only after successful payment. In case of non-approval of the accreditation request, ₹3,000 will be refunded. ₹2,000 will be retained as review and processing charges.

6. Declarations

□ I hereby declare that all scientific, ethical, and legal aspects of this event comply with the relevant laws and guidelines of the National Medical Commission (NMC) and Government of India.

□ I undertake that all resuscitation-related training, course content, algorithms, skill stations, and assessments will follow the latest American Heart Association (AHA) guidelines and subsequent updates as and when published or released.

□ I affirm that the IAOACC logo will be used only at appropriate positions on certificates and banners, without distortion, stretching, or unauthorized resizing, and in accordance with Academy usage guidelines.

Signature

Name of Applicant:
Designation:
Institution:
Role in the scientific event
Signature & Date: