International Academy of Anesthesia & Critical Care

Application Form for Academic Accreditation of CME / Workshop / Hands-On 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:

Mode: □ Offline   □ Online   □ Hybrid

Category: □ CME   □ Workshop   □ Hands-On Training   □ Conference Session
□ Other (specify)

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

Organizing Team			
Names	Organizing Chairperson	Organizing Secretary:	Scientific Secretary:
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. Scientific Content

Number and Names of Faculty / Speakers Involved *(Please attach a categorized list of all confirmed speakers involved in the academic program)*

Keynote Faculty (if any)

- o Name(s) and Designation(s):

- o Affiliation(s):

- o Topic(s) of Presentation:

Outside Faculty (Invited / Guest Speakers not affiliated with the host institution)

- o Name(s) and Designation(s):

- o Affiliation(s):

- o Topic(s) of Presentation:

In-House Faculty (From the host institution)

- o Name(s) and Designation(s):

- o Department(s):

- o Topic(s) of Presentation:

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

Note: In case the detailed scientific program is still under process, only *Provisional Accreditation* will be granted. Final accreditation shall be subject to submission of the complete scientific program at least two weeks prior to the scheduled event. Failure to submit the program within this timeline will result in automatic cancellation of the provisional accreditation.

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 Nmber)

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 affirm that all promotional materials and event activities will clearly reflect the academic purpose and comply with the rules.

☐ I understand that misuse of IAOACC accreditation or misrepresentation will result in cancellation of accreditation and blacklisting of the applicant institution.

☐ 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: