**Credentialling for Endovascular Neurointerventional Procedures**

**Case Record Form**

*(This form should be completed and signed by the applicant who claims to be the primary operator for performing the concerned case of neurointerventional procedures but is unable to provide supporting documents specifying the role and name of the operators involved.)*

|  |  |  |  |
| --- | --- | --- | --- |
| HN no. / Hospital record no. | | Click or tap here to enter text. | |
| Hospital | | Click or tap here to enter text. | |
| Date | | Click or tap here to enter text. | |
| Primary Operator | | Name | Click or tap here to enter text. |
| Specialty | Click or tap here to enter text. |
| Signature |  |
| Supervisor | | Name | Click or tap here to enter text. |
| Specialty | Click or tap here to enter text. |
| Signature |  |
| Assistant Operator(s) | 1) | Name | Click or tap here to enter text. |
| Specialty | Click or tap here to enter text. |
| Signature |  |
| 2) | Name | Click or tap here to enter text. |
| Specialty | Click or tap here to enter text. |
| Signature |  |
| Other Supplements (if any) | | Click or tap here to enter text. | |

**Declaration**

I hereby declare that all the information provided in this form is correct and in accordance with facts to my best knowledge. I take full responsibility for the accuracy of the said information.

I understand that any false information provided may result in disqualification from my application for Credentialling for Endovascular Neurointerventional Procedures and other liabilities where considered applicable.

Applicant’s Name: Click or tap here to enter text.

Applicant’s Signature: Date: Click or tap to enter a date.