

APPLICATION FOR OBTAINING ACCREDITATION

To,
THE REGISTRAR,
Maharashtra Medical Council
Anand Complex, 2nd Floor,
Sane Guruji Marg, Arthur Road Naka,
Mumbai 400 011.
Website - <http://maharashtramedicalcouncil.in>

Sub. : Issue of Certificate of accreditation

Sir,

Our organization regularly conducts CME programs / workshops / seminars for updating knowledge of doctors and we have demonstrated ability to plan & implement above programs to cover the targeted doctors. Brief details of our organization are as below.

Name & Address of organization / Association / Institute : _____

Branch : Parent Organization (State or National)

Registration & Date with Charity Commissioner

Report of last Audit (Attested xerox copies audited report)

Statement of CMEs/ Conferences held in last one year

Names of President / Dean _____

Mobile : _____ Fax : _____ Email : _____

Name of Secretary _____

Mobile : _____ Fax : _____ Email : _____

MCI/ DNB recognition letter(Xerox copy to be attested)
(For teaching institutes)

Bank Account Details :
Name of Bank _____

Branch _____ Account No. _____

Pan Card No.

Any Other Details

I request you to issue certificate of accreditation to our institute / association / Organization We hereby agree to follow the rules and regulations as prescribed by Maharashtra Medical Council from time to time to conduct CMEs
Thanking you,

Yours truly,

Signature of Office Bearer

Name _____

Official Stamp

Note :

- 1) Application should be made from official email of organisation / Association / Institute.
- 2) If online facility is not available Please send a Demand Draft of Rs.5000/- (Rupees Five Thousand only) in favour of "Maharashtra Medical Council" Payable at Mumbai of any Nationalised Bank after receiving approval letter of Accreditation from Maharashtra Medical Council.
- 3) Hardcopy of application of accreditation along with necessary required documents should be send to mmc within 15 days of online application