

CME Summary for Observer

Code No.of Accredited Association / Institute / Organization:

Name of Accredited Association / Institute / Organization: _____

Name of CME: _____

Code No.of CME:

Place: _____

Dates: _____

Credit hours sanctioned to delegates:

Credit hours sanctioned to speaker:

Type of CME : Preclinical / Paraclinical / Medical / Surgical / Gynaec / Multispeciality.

Delegates:-

Sr.No.	Name	MMC Registration No.	Credit Points

Speaker:-

Sr.No.	Name of Speaker with code No.	MMC Registration No.	Credit Points

Remarks: _____

This is certify that the CME has been conducted as per the Schedule and Maharashtra Medical Council norms.
This activity was NOT to promote any Pharma Company / Hospital / Individual Doctor.

Sign.,Name & Code No.of Observer