

Letter for Application of CME [on official letterhead & from official email]

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

Dear Sir/Madam,

Kindly grant us credit points as per prescribed norms for the CME sheduled.

Details of CME:

Code No.of Accredited Association / Institute / Organization:	<input type="text"/>
Name of Association / Institute / Organization:	_____
Place:	_____
Dates:	_____
Type of CME:	Preclinical / Paraclinical / Medical / Surgical / Gynaec / Multispeciality.

Contact person details:

Name of Organization Secretary:	_____
Address:	_____
Email:	_____
Cell No.:	_____

Detail of scientific Program:

Serial No.	Date / Time	Name of speaker with code no.	Topic

Proposed delegate fees:- _____

Undertaking

We hereby agree to conduct the CME as per prescribed norms of Maharashtra Medical Council. We are aware that any misconduct or deviation will be liable for action. We declare that this CME is not to promote by any Pharma Company, hospital of individual doctor.

Signature of Organization Secretary
Name _____

Signature of Organization Chairman
Name _____