

## Observers Remuneration Requisition

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 sanction the honorarium for the observers who attended the CME as detailed below.

1. Name of Association / Institute / Organization Code No.:	<input type="text"/>
2. Name of Association / Institute / Organization :	_____
3. Place:	_____
4. Dates:	_____
5. Type of CME:	_____
6. Code No.of CME:	<input type="text"/>

7. Name of observers:

- I. \_\_\_\_\_  
II. \_\_\_\_\_  
III. \_\_\_\_\_  
IV. \_\_\_\_\_

8. **Advance Receipt**

This is to certify that I have attended the above CME as observer.

I have received the sum of Rs.500/- (Rupees Five Hundred Only) by Cheque No. \_\_\_\_\_

Date \_\_\_\_\_ for Maharashtra Medical council.

Countersigned & Name by organizing secretary of CME.

Name & Signature of Observer

**Note:-** Please send this immediately to Maharashtra Medical Council office after the conduct of CME.