Instruction for Continues Medical Education (CME)

For Create new Account

1) Click on Accreditation Login

HOME   ONLINE PAYMENT   INSTRUCTION

Login

Note:-

Accreditation Code is mandatory for the Institute who have issued Accreditation from MMC , If not issued Accreditation then skip the Accreditation Code .

User Name(Registered Email-id):   Enter your registered Email-id

Password :   Enter Password

Accreditation Code : (For e.g. MMC/Accre.Cert/OTI-0263/2013)

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Enter Above Displayed Characters

Login

Don't have an account? Create new Account

Create New Account >>

MMC Office : 022 2301 0668, 23072464

Email Id MMC Office :maharashtramcouncil@gmail.com

3)Existing Account- Login with your details

Accreditation Application Form

Application for Credit Points

Application for Delegate

4) If not issued accreditation from MMC then click on Accreditation

Accreditation Application Form

Name of Organization/ Association /Institute	[_____] *	Organization Type	---SELECT--- ▾ *
Branch	---SELECT--- ▾ *	Parent Organization	---Select--- ▾ *
Organization/ Association /Institute Address	[_____] *	City	---SELECT--- ▾
District	[_____]	State	[_____]
Country	[_____]	Pin No	[_____] *
Telephone No.(office)	[_____]	Fax No (Office)	[_____]
Email ID (Office)	[_____] *	PAN Card Number	[_____]
Report of Last Audit(Upload Scanned audited report)	Choose File No file chosen	CMEs/Conferences held in last one year	Choose File No file chosen *
MCI/DNB Recognition Letter(Mandatory for Teaching Institutes)	Choose File No file chosen		
Name of President/Dean	Select ▾ [_____] *	Mobile Number of President/Dean	[_____] *
Name of Secretary/Registrar	Select ▾ [_____] *	Mobile Number of Secretary/Registrar	[_____] *
Name of Bank	[_____]	Account Type	---SELECT--- ▾
Branch Name	[_____]	Account Number	[_____]
Any Other Details	[_____]		

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Enter Above Displayed Characters   [_____] *

[Submit]   [Back]

4) Application for Credit points.

CME Credit Points Form

Details of CME :   * Mandatory field

Accrediataion Type	---Select--- ▼	*	District	---SELECT--- ▼
Name of Organization /Association/Institute	▼	*		
Accreditation Code	0	*	CME Programme Name	
CME Place		*	Type of CME	---SELECT--- ▼ *
CME Dates : From Date	dd/MM/yyyy	*	To Date	dd/MM/yyyy *

Contact Person Details :

| Name of Organized Secretary | Select ▼ | * | Address | |
| Email | | * | Mobile No. | * |

Scientific Program

(Please add individual day of CME programme in below table)

Sr. No.	Delete		Date	From Time	To Time	Speaker Code	Speaker Code	CMETopic
1	☐	Edit		hh.mm Sele ▼	hh.mm Sele ▼	0		

Please Upload CME Program Schedule in jpg file :   Choose File   No file chosen

Proposed Delegate Fees(In Rupees)   *

ITSCVS

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Submit   **Back**

5)Once CME/Workshop/Conference has been done. Please Submit delegates details of attendance .

CME Attended Delegate Excel Sheet

Delegate Details

Organization Name	SUB DISTICT HOSPITAL - DAHANU		
Application No	MMC201600035	Application Date	31/12/2016
CME Code	MMC/MAC/2017/E-003698		
CME From date	05/01/2017	CME TO Date	08/01/2017
Alloted Credit points	4		.

Observer Details

SR No	Reg. No	Observer Code	Observer Name	CME point
1	81772	MMC/MAO-00011/2013	PANAT MANASI ASHISH	5
2	31622	MMC/MAO-00013/2013	GOVIND SIDRAM DHAVALE	0

Enter Speaker Details

Registration No : _____ *   Speker Code _____

Name : _____

Enter Attended lecture _____   Enter CME points _____

Add

SR No	Speaker Code	Reg No	Speaker Name	CME Credit points	Attended lect
1	MMC/MAS/00020/2013	80842	DR. BARUN KUMAR NAYAK	6	2
2	MMC/MAS/00023/2013	69998	DR SURAJ BHASKAR PAWAR	5	1

Add Delegate Details

Reg No. _____ *   Name : _____

CME points _____

Add

SR No	Reg No	RMP Name	CME Credit points	
1	2011062123	GARDE ANIRUDHAY DATTATRAY	3	Edit
2	2009031156	PATIL SNHEA RAMGOPAL	4	Edit
12				

Total Fees 220.00

Update **Cancel**