



ARUNACHAL PRADESH MEDICAL COUNCIL
 (Constituted under Act No.04 of 2004 of Government of Arunachal Pradesh)
 Directorate of Health Services Complex, Room No.161 & 162, 2nd Floor.
 Naharlagun-791110.
Contact: Ph.0360-2246708 (Office/Fax). E-mail: apmcouncil@gmail.com.
Website: <http://arunapmc.nic.in>

APPLICATION FOR EMPANELMENT WITH ARUNACHAL PRADESH MEDICAL COUNCIL FOR CME ACCREDITATION:

FORM No....., date (for official use of APMC only).

1	Applied for	:	Tick mark (✓) below : (i) Empanelment <input type="checkbox"/> (ii) Renewal of Empanelment <input type="checkbox"/>
2	Name of the applicant	:	
3	Designation of the applicant in the organization	:	
4	Name of the Organization	:	
5	Registration No. under Society Reg. Act/Year of Establishment (enclose supportive document/s)	:	
6	<u>Full Address:</u>	:	
	a. Registered address:	:	
	b. Communication address:	:	
	c. Telephone No.	:	
	d. Fax No.	:	
	e. Email Id	:	
	f. Website	:	
7	Empanelment fee in favour of "Arunachal Pradesh Medical Council"	:	Rs..... (Rupees.....) Draft/Cheque No.....Date Bank.....

DECLARATION-CUM-UNDERTAKING

I/we have perused the document of CME Guidelines framed by the Arunachal Pradesh Medical Council and agree to abide by all terms and conditions as framed in the CME Guidelines.
 I/we am/are agreeable that for any negligence, lapses, professional misconduct and/or any unfair practices resorted to in the name of our Organization/Institution/Association etc the Empanelment with the APMC will stand cancelled without referring to the grievances redressal etc.

Date:.....

Name & Signature:

Place:.....

Designation:

(Office Seal)

.....X.....X.....X.....X.....



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(FOR APMC ADMINISTRATION SECTION)
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1. Name of the Organization/Institution etc :
2. Name of the Applicant & Designation :
3. Whether fee paid : Yes/No
4. Amount received into APMC Account: Rs _____ date _____
5. Whether fulfils Sl. No 02 of the CME Guidelines : Yes/No
6. Whether agreed to abide the terms & Conditions of the CME Guidelines of the APMC: Yes/No

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(For APMC Accounts Section)
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RECEIPT:

Received an amount of Rs _____ (Rupees _____) only vide
Cheque/Draft No. _____ of _____ Bank _____ dated _____ from _____ (N/o
Organization etc) for Empanelment.

Date:

Signature of the receiver

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