



ARUNACHAL PRADESH MEDICAL COUNCIL
 Directorate of Health Services Complex, Room No.161 & 162, 2nd Floor.
 Naharlagun-791110.
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Website: <http://arunapmc.nic.in>

**FORMAT FOR APPLICATION FOR GRANT OF CREDIT HOUR(S) BY THE
 SUB COMMITTEE, CME, ARUNACHAL PRADESH MEDICAL COUNCIL.**

No..... Date:-.....
 To,

The Registrar cum Secretary
 Arunachal Pradesh Medical Council
 Naharlagun

Sub:- **Grant of Credit Hour(s) for the CME/Workshop/ Seminar/ Conference/ Training programme on**(subject).

Sir,
 Our Organisation propose to conduct Conference /Workshop/ Seminar/ CME programme on for updating knowledge of medical practitioners and we have the ability to plan & implement above programmes to cover the targeted doctors.

The details are as below :-

1	Name of the Organization conducting CME/ Workshop/ Seminar/ Conference/ Training programme.	:	
2	Address.	:	
3	Registration Number of Association/ Organisation with evidence (attach documents).	:	
4	Venue of the CME/ Workshop/ Seminar/ Conference/ Training programme.	:	
5	Date of the CME/ Workshop/ Seminar/ Conference/ Training programme	:	
6	Name of the Faculty with detailed qualification and experience.	:	1..... 2.....
7	Expected number of attending delegates	:	
8	Topics to be discussed in the CME/ Workshop/ Seminar/ Conference/ Training programme.	:	1..... 2.....
9	Detailed programme schedule mentioning time, subject and name of the Speaker.	:	
10	Exercise to be covered in the CME/ Workshop/ Seminar/ Conference/ Training programme.	:	
11	Expected number of hour(s).	:	
12	Name of the Organizing Chairman.	:	
13	Name of the Organizing Secretary.	:	
14	Methodology to be adopted by the Organisation viz. Lecture / workshop / hands – on training / discussion / audio - visual presentation etc.	:	
15	Prior permission of MCI in case of Foreign faculties (if applicable).	:	Permission Letter No..... Date.....
16	Demand Draft No.in favour of “Arunachal Pradesh Medical Council”, payable at Naharlagun.	:	DD No Date Amount
17	No. of supporting documents furnished.	:	

I, hereby certify that the facts stated above are correct. I have gone through the **APMC CME Guidelines** and I assure to abide by it to keep the Quality of the CME/Workshop etc high as expected of my Organization. I shall submit the completion report immediately after conducting the programme, failing which I understand that the credit hours granted for the CME shall be forfeited.

I therefore, request you to kindly grant credit hour(s) for the said programme.

Yours faithfully,
 Signature.....
 Name:.....
 Official Stamp