



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, 2<sup>nd</sup> Floor.  
Naharlagun-791110.  
**Contact:** Ph.0360-2246708 (Office/Fax). E-mail: [apmcouncil@gmail.com](mailto:apmcouncil@gmail.com).  
**Website:** <http://arunapmc.nic.in>

**ANNEXURE-III**

**A. OBSERVER FEEDBACK FORM**

1	Name of the APMC Observer	:	
2	Designation/Subject Speciality of Observer	:	
3	Venue of CME/Workshop etc	:	
4	Date of CME	:	
5	Time of arrival of Observer at the venue	:	
6	Have you read the APMC CME Guidelines	:	Yes / No. (Please tick mark ✓)
7	Have you gone through Observer Checklist before the start of CME?	:	Yes / No. (Please tick mark ✓)

**B. OBSERVER FEEDBACK ON CME/WORKSHOP etc**

1	Name of the CME/Workshop etc. Organizer/Association	:	
2	Any banner or advertisement of drug/equipment inside the CME Hall	:	Yes / No. (Please tick mark ✓)
3	Credit hours/points granted by APMC	:	_____ (Letter No. _____ Dated _____)
4	Total delegates at the time of starting of CME	:	
5	<b>(i) Name of the CME Topic (Topic-1)</b>	:	
	(a) Name of the Speaker	:	
	(b) CME deliberation	:	Starting time _____; ending time _____.
	(c) Discussion	:	_____ minutes.
	<b>(d) Rating:</b>		
	(i) Recent update	:	_____/10. (give score out of 10)
	(ii) Quality of PPT.	:	_____/10. (give score out of 10)
	(iii) Quality of presentation	:	_____/10. (give score out of 10)
	(iv) Remarks (if any)	:	
	<b>(ii) Name of the CME Topic (Topic-2)</b>	:	
	(a) Name of the Speaker	:	
	(b) CME deliberation	:	Starting time _____; ending time _____.
	(c) Discussion	:	: _____ minutes.
	<b>(d) Rating:</b>		
(i) Recent update	:	_____/10. (give score out of 10)	
(ii) Quality of PPT.	:	_____/10. (give score out of 10)	
(iii) Quality of presentation	:	_____/10. (give score out of 10)	
(iv) Remarks (if any)	:		

**Name & Sign. of the Observer**



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<b>(iii) Name of the CME Topic (Topic-3)</b>	:	
(a) Name of the Speaker	:	
(b) CME deliberation	:	Starting time _____; ending time _____.
(c) Discussion	:	: _____ minutes.
<b>(d) Rating:</b>		
(i) Recent update	:	_____/10. (give score out of 10)
(ii) Quality of PPT.	:	_____/10. (give score out of 10)
(iii) Quality of presentation	:	_____/10. (give score out of 10)
(iv) Remarks (if any)	:	
<b>(iv) Name of the CME Topic (Topic-4)</b>	:	
(a) Name of the Speaker	:	
(b) CME deliberation	:	Starting time _____; ending time _____.
(c) Discussion	:	: _____ minutes.
<b>(d) Rating:</b>		
(i) Recent update	:	_____/10. (give score out of 10)
(ii) Quality of PPT.	:	_____/10. (give score out of 10)
(iii) Quality of presentation	:	_____/10. (give score out of 10)
(iv) Remarks (if any)	:	
<b>(v) Name of the CME Topic (Topic-5)</b>	:	
(a) Name of the Speaker	:	
(b) CME deliberation	:	Starting time _____; ending time _____.
(c) Discussion	:	: _____ minutes.
<b>(d) Rating:</b>		
(i) Recent update	:	_____/10. (give score out of 10)
(ii) Quality of PPT.	:	_____/10. (give score out of 10)
(iii) Quality of presentation	:	_____/10. (give score out of 10)
(iv) Remarks (if any)	:	
<b>(vi) Name of the CME Topic (Topic-6)</b>	:	
(a) Name of the Speaker	:	
(b) CME deliberation	:	Starting time _____; ending time _____.
(c) Discussion	:	: _____ minutes.

Name & Sign. of the Observer



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<b><u>(d) Rating:</u></b>		
(i)Recent update	:	_____/10. (give score out of 10)
(ii) Quality of PPT.	:	_____/10. (give score out of 10)
(iii) Quality of presentation	:	_____/10. (give score out of 10)
(iv) Remarks (if any)	:	
<b>(vii) Name of the CME Topic (Topic-7)</b>		
(a) Name of the Speaker	:	
(b) CME deliberation	:	Staring time _____; ending time _____.
(c) Discussion	:	: _____ minutes.
<b><u>(d) Rating:</u></b>		
(i)Recent update	:	_____/10. (give score out of 10)
(ii) Quality of PPT.	:	_____/10. (give score out of 10)
(iii) Quality of presentation	:	_____/10. (give score out of 10)
(iv) Remarks (if any)	:	
<b>(viii) Name of the CME Topic (Topic-8)</b>		
(a) Name of the Speaker	:	
(b) CME deliberation	:	Staring time _____; ending time _____.
(c) Discussion	:	: _____ minutes.
<b><u>(d) Rating:</u></b>		
(i)Recent update	:	_____/10. (give score out of 10)
(ii) Quality of PPT.	:	_____/10. (give score out of 10)
(iii) Quality of presentation	:	_____/10. (give score out of 10)
(iv) Remarks (if any)	:	
<b>(ix) Name of the CME Topic (Topic-9)</b>		
(a) Name of the Speaker	:	
(b) CME deliberation	:	Staring time _____; ending time _____.
(c) Discussion	:	: _____ minutes.
<b><u>(d) Rating:</u></b>		
(i)Recent update	:	_____/10. (give score out of 10)
(ii) Quality of PPT.	:	_____/10. (give score out of 10)
(iii) Quality of presentation	:	_____/10. (give score out of 10)
(iv) Remarks (if any)	:	

**Name & Sign. of the Observer**



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<b>6</b>	<b>PPT presentation on Medical Ethics:</b>		
	(a) Name of the Speaker	:	
	(b) Ethics deliberation	:	Starting time_____; ending time_____.
	(c) Quality of presentation	:	Good/fair/average/poor. (Please tick mark ✓)
	(d) Remarks (if any):	:	
<b>7</b>	Number of delegates at the end of the CME (NB: please, attach names of delegates with their APMC Regd No.).	:	
<b>8</b>	Was the environment conducive for CME	:	Yes/No (Please tick mark ✓)
	a. If no, remarks (if any) :	:	
<b>9</b>	Hospitality provided to the Observer	:	
	(a) TA/DA (if any)	:	Paid/Not paid (Please tick mark ✓)
	(b) Accommodation arranged by organizer (outstation Observer only)	:	Yes/No (Please tick mark ✓)
<b>10</b>	Is the Observer one of the signatory of the Certificates for CME/Workshop etc?	:	Yes/No (Please tick mark ✓)
<b>11</b>	When was the Certificate distributed?	:	Beginning of CME/End of CME (Please tick mark ✓)

**Name & Sign. Of Organizing President/Secretary**

**Name & Sign. of the Observer**

**(FOR APMC OFFICE USE ONLY)**

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Credit points granted :

- Speaker :
- Delegates :

Whether in the opinion of the Registrar the Guidelines of the CME was observed: Yes/No/Not sure.  
Final remark of Registrar cum Secretary, APMC:

Date:

**Signature of the Registrar cum Secretary.**