

DELHI MEDICAL COUNCIL

PROFORMA FOR CME ACCREDITATION

(TO BE SUBMITTED PREFERABLY ONE MONTH IN ADVANCE)

1	Name of the Organization :
2	Expected No. of Delegates:
3	Field of Speciality:
4	CME Details
	Date:
	Topic :
	Methodology :
	(i) Details of Scientific Programme with duration of the lecture / Programme with dates (attach separate sheet)
	(ii) Brief Bio-data of the speaker/faculty participating in the programme (attach separate sheet)
5	Venue of the Programme:
5	Lecture Hall facility - Yes / No
7	Capacity of the Hall:
8	Audio Visual Facility and other facilities:
9	Bed Strength of the Hospital:
10	Fee, if any charged, for participation in the programme:
11	Name & DMC Registration No. of the Organizing Secretary:

Signature
Organizing Secretary