

Appendix- E:

APPLICATION FOR OBTAINING ACCREDITATION BY NAGALAND MEDICAL COUNCIL (TO BE SUBMITTED PREFERABLY ONE MONTH IN ADVANCE)

To

The Registrar,
Nagaland Medical Council
Kohima, Nagaland – 797001

Subject:- To issue certificate of Accreditation for the Conference/ Workshop/ Seminar/ CME.

Sir,

As per guidelines for accreditation of CME programme laid down by Nagaland Medical Council. We are eligible to be awarded the accreditation hours.

Our organization regularly conducts CME Programs/ Workshops/ Seminars/ Conference for updating knowledge of doctors and we have demonstrated ability to plan and implement above programs to cover the targeted doctors.

Brief details of the program that we are conducting are as follows:

1. Name of the organization-
2. Recognition no. of MCI (applicable for Medical Colleges)-
3. Registration number of association, (if applicable) –
3. Name and Medical registration number of Organizing Secretary.
4. Expected number of delegates –
5. Details of scientific programme with duration of lectures/ programme (attach separate sheet)–
 - a. Date :
 - b. Venue :

I have thoroughly read and understood the accreditation procedure. I request you to issue certificate of accreditation for above mentioned programme.

Thanking you Yours Sincerely,

Signature

(Dr. _____)
Name of the Organization Secretary
With Official Stamp