

CME OBSERVER FEEDBACK FORM

1. **Name of the Institution/Organization:**
2. **CME/Workshop/Conference :** **Date:**
3. **Credit Hours allotted :** **KMC - CME Ref no:**

4. **Details of the programme:**

Sl no:	Name of the Speaker	Topic covered	Time/Duration	Remarks
1				
2				
3				
4				
5				
6				

5. **Attendance :**

- A) No of registered delegates :
- B) Spot Registration :

6. **Time of Distribution of CERTIFICATES :**

7. **Hospitality of the Observer**

- A) TA/DA : arranged / not arranged
- B) Accommodation : arranged / not arranged

8.** No of certificates signed :

(Applicable only if KMC Member is observer and signing authority)

9. **Any other remarks :** 1)
2)
3)

10. **Name, address and phone number of the observer :**

Signature of the observer

Name and Sign of the Organizing Secretary