

To

President / Chairman,
CME Accreditation Committee,
Karnataka Medical Council,
BANGALORE - 560 052.

Sir,

Sub: Issue of Certificate of accreditation

Subject of C.M.E./Seminar.

Date:

Our organization proposes to conduct CME Programmes / workshops / seminars for updating knowledge of doctors and we have demonstrated ability to plan & implement above programmes to cover the targeted doctors. Brief details of our organization are as below.

1. Name of Organization/ Institutions.....
.....

2. Recognition Number of MCI (applicable for Medical colleges)
.....

3. Name of Associations

4. Registration Number of Association

I request to issue Certificate of accreditation to our Institute/association.

Thanking you,
With warm regards,

Yours truly,

Signature

Name.....

Official stamp

Note: 1. Application should be made on official letter head of organization/association.