

C.M.E. CERTIFICATE

Name of Organization / Institution organizing CME Programmes/Workshops
/Seminars/Conferences

This is to Certify that

Dr. _____ Bearing Reg.No. _____

Registered with _____ medial council, Address _____

_____ has participated as delegate/Faculty in

(CME Programmes/Workshops/Seminars/Conferences) held on Date/Month / Year _____

Karnataka Medical Council has granted _____ Credit hours for delegates/ Faculty.

Vide letter No. _____ dated _____.

Signature & Name of
Org. Secretary.

Zonal Chairman
K.M.C. C.M.E. Accreditation Committee

Signature & Name of
Head of the Organization
Institution / Association.

All the CME / workshop / conference certificates which are sent to the KMC – CME accreditation committee should compulsorily have the names , KMC registration no: of all delegates printed on them , failing which they will not be considered for cme accreditation.

Certificates for speakers should be separately printed with one extra credit hour / talk.