

**APPLICATION FOR OBTAINING ACCREDITATION BY
UTTAR PRADESH MEDICAL COUNCIL**

(TO BE SUBMITTED PREFERABLY ONE MONTH IN ADVANCE)

To,

The Registrar,
Uttar Pradesh Medical Council
5, Sarvapalli Mall avenue Road,
Lucknow – 226001

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

Sir,

We are eligible to be awarded the accreditation hours as per guidelines for accreditation of CME programme laid down by Uttar Pradesh Medical Council. Our organization regularly conducts CME Programs / Workshops / Seminars / Conferences 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 organization
2. Recognition no. of MCI (applicable for Medical Colleges)
3. Registration number of association with its validity date
(attach photocopy of registration certificate)

4. Name and Medical registration number of organising secretary
(attach photocopy of registration certificate)
5. Expected number of delegates

6. Place and year of last such programme conducted by the organization
7. Details of final scientific programme with duration of lectures / programme
(attach separate sheet)

8. Date of Scientific programme

9. Venue of scientific programme
(attach original brochure of final scientific programme)

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

Name of the Organizing Secretary

Official Stamp

Note: 1. Application should be made on official letter head of the Organization / Association.

2. Organizing Secretary shall be responsible for submitting all the documents.

UNDERTAKING

1. Course Contents including speaker's speech of the CME in the form of a CD will be made available to the UPMC within seven days after conclusion of the CME program.
2. Speakers are not sponsored by any pharmaceutical company or manufactures of medical/surgical equipments.
3. International faculty will be delivering lectures / Video presentation only. He or She shall not conduct any live demonstration on any patient without prior permission by competent authority.

Signature

Name of the Organizing Secretary

Official Stamp

Proposed Format of Certificate

Name of the Organization

(Organizing Conference /Workshop Seminar/ CME)

This is to certify that

Dr.....has participated
as delegate in
(CME Conference Workshops/Seminar/Programme) held on
at..... Uttar Pradesh Medical Council has
granted credit hours to delegates.

(Reference No. UPMC/ Date)

Organizing Chairman