

(h). Application form for obtaining accreditation by Council:-

**JHARKHAND STATE MEDICAL COUNCIL
APPLICATION FOR OBTAINING ACCREDITATION
(TO BE SUBMITTED PREFERABLY FIFTEEN DAYS IN ADVANCE)**

The Registrar,
Jharkhand State Medical Council, Ranchi

Date :

Subject: To Issue Certificate of Accreditation for the Conference/Workshop Seminar CME.

Dear Sir/Madam

We are eligible to be awarded the accreditation points as per Jharkhand State Medical Council CME guidelines. 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/NMC (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 organizing 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) :-
10. CME fee of Rs. 10,000/- (Ten Thousand) to be paid thorough online mode on JSMD website only.

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

Thanking you

Yours Sincerely

Signature:-
Name of the Organizing Secretary
Official Sump

- Note: 1. Application should be made co 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/USB Drive will be made available to the Jharkhand Medical Council.
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:

Date :

Contact No:

(I) FORMAT OF CERTIFICATE FOR DELEGATES

FORMAT OF CERTIFICATE FOR DELEGATES

Name of Organization:

(Organizing CME/Workshops/Seminars Conferences)

Type of CME-Clinical/Para Clinical/ Multispecialty

This is to certify that Dr. _____ has participated as delegate in (CME

Programmes/Workshops/Seminars /Conferences) held on the Date/Month/ Year. Jharkhand State Medical Council has

granted _____ Credit points for delegate.

**Dr. Bimlesh Singh
Registrar cum Secretary
Jharkhand State Medical Council**

**Dr. Pradeep Kr. Singh
Treasurer
Jharkhand State Medical Council**

**Dr. Sahir Pall
President
Jharkhand State Medical Council**

**Dr. Umashanker Pd. Keshri
Chairman, Academic Committee
Jharkhand State Medical Council**

**Signature & Name of
Org. Secretary**

(J) FORMAT OF CERTIFICATE FOR FACULTY

FORMAT OF CERTIFICATE FOR FACULTY

Name of Organization:

(Organizing CME/Workshops/Seminars Conferences)

Type of CME-Clinical/Para Clinical/ Multispecialty

This is to certify that Dr. _____ has participated as faculty member in (CME Programmes/Workshops/Seminars /Conferences) held on the Date/Month/ Year. Jharkhand State Medical Council has granted _____ Credit points for speaker.

**Dr. Bimlesh Singh
Registrar cum Secretary
Jharkhand State Medical Council**

**Dr. Pradeep Kr. Singh
Treasurer
Jharkhand State Medical Council**

**Dr. Sahir Pall
President
Jharkhand State Medical Council**

**Dr. Dr. Umashanker Pd. Keshri
Chairman, Academic Committee
Jharkhand State Medical Council**

**Signature & Name of
Org. Secretary**