(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 JSMC 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:_____

Email Id:_____

Address: _____

_____

_____

Note : If a Conference/Workshop Seminar/CME is held at two places at the same time, the credit hours of the conference held at one of the places will be counted.

Affidavit

1. I, Dr. ....., add.....the Organizing Secretary of the Conference/Workshop/Seminar/CME ....., solemnly affirm and declare the following for the purpose of obtaining credit hours from the Jharkhand State Medical Council:

2. I confirm that the aforementioned Conference/Workshop/Seminar/CME is being organized by..... .. ..at.....on the date(s).....

3. I confirm that I (as the Organizing Secretary) shall be responsible for implementing the scientific session schedule/brochure submitted by me.

4. I confirm that within 10 days of the successful completion of the Conference/Workshop/Seminar/CME, the course content video (including the speaker's presentation) on a USB/Pen Drive, a photocopy of the issued credit hour certificates, and the list of participating delegates shall be submitted to the Jharkhand State Medical Council.

5. I confirm that the speakers will not be sponsored by any pharmaceutical company or medical/surgical equipment manufacturing company.

6. I confirm that international faculty members will only deliver lectures or video presentations and will not perform live demonstrations on any patient without the prior permission of the competent authority.

I submit this affidavit before the Jharkhand State Medical Council, Ranchi, affirming my compliance with the statements made above.

Verification

Identified by
Shri .....

The statements made above are true to the best of my knowledge, belief, and information, and I am signing this today at (Place) ..... .

Advocate,

Deponent

(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