

APPLICATION FORM FOR ACCREDITATION OF MEDICAL ORGANIZATION / INSTITUTION WITH THE TAMIL NADU MEDICAL COUNCIL, TO CONDUCT APPROVED CME PROGRAMMES AND TO ISSUE ATTENDANCE CERTIFICATES.

Date: _____

To
The Registrar,
CME-ACCREDITATION
Tamil Nadu Medical Council,
New No.914, Poonamallee High Road,
Arumbakkam, Chennai-600106.

Sir,

We request you to accredit our Medical Organization / Institution, authorizing to conduct Tamil Nadu Medical Council recognised CME Programmes and issue attendance certificates to the participating doctor. All necessary documents and Demand Draft towards fees are enclosed herewith. We have also sent a copy of the application (without enclosures) in mail tnmccme@gmail.com

Name of the Organization or
/Institution* _____

Communication Address* _____

*Organisation's Permanent Mobile-cum-Whatsapp No: _____

*Organisation's Permanent Email id: _____

PRESIDENT/ DIRECTOR	SECRETARY/ AUTHORISED PERSON
ADDRESS:	ADDRESS
MOBILE NO	MOBILE NO
TNMC REGN NO	TNMC REGN NO
MAIL ID	MAIL ID
AADHAAR NO	AADHAAR NO

Is the organisation an institution ? or an Association? (if association please specify if the applicant if state level/ national level/ district level/ regional level or branch level.

_____ :

Accreditation Fees (payment details) Demand draft only :

DD to be drawn in favour of "Registrar Tamilnadu Medical Council (CME)"

DD No: _____ Amount: Rs.10,000/-
Bank: _____ Branch _____ Dated: _____

Cell/Phone No: _____ Fax No.: _____ E-Mail: _____

Details of the CMEs conducted by the organisation (Year wise details (2012-17) in the format below

SNO	DATE/S	VENUE	TOPIC/S	TOTAL HOURS	REMARKS. IF ATTENDANCE AVAILABLE
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(If the organisation has details of the above and the attendance certificate with TNMC Regn No. of the participants of the CME held between 2012-17, they can be considered for retrospective CME CREDIT REGISTRATION.)

DECLARATION

1. We shall abide by the rules and regulations laid down by the MCI/TNMC and maintain a complete register of the proceedings of all the meetings, for future reference.
2. We will send a copy of every CME to be conducted by our organization, to the TNMC, in advance, atleast 72 hours before the start of the CME, from our designated mail.
3. We shall issue attendance certificates to all the participants, in the prescribed format and maintain counterfoils for the same, for a period of seven years.
4. After each CME program, we shall send the certified xerox copy of the attendance along with the list of the doctors participated with Registration No in the prescribed format to the Tamil Nadu Medical Council and within 48 hours after the completion of CME from our designated mail.

5. We will accept to pay Rs 50 for each participant (based on the attendance certificate and not based on the registration) by Demand Draft to the Council within 5 days on completion of the CME.
6. We understand that the Council will start crediting CME to individual accounts (confirmed with a SMS to the participant) and update in the website and the process will be completed within 3 working days.
7. We shall keep the Tamil Nadu Medical Council informed, whenever there is change in the office bearers of our organization/Institution.
8. We have enclosed the following :
- | | |
|---|--------------------------|
| 1. Application form | <input type="checkbox"/> |
| 2. Demand draft | <input type="checkbox"/> |
| 3. Clear Xerox copy of PAN Card | <input type="checkbox"/> |
| 4. Registration Certificate of Organisation | <input type="checkbox"/> |
9. The information given above is true to the best of our knowledge.

AUTHORISED SIGNATORY (with seal)