

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

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

Date: _____

Name of the Organization or /Institution : _____

Registered Address : _____

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

Registered Number with Place and Date of Registration :

PRESIDENT: Dr. _____ TNMC REGN. NO. _____

ADDRESS: _____

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

GEN. SECRETARY: Dr. _____ TNMC REGN. NO. _____

ADDRESS: _____

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

CME CHAIRMAN: Dr. _____ TNMC REGN. NO. _____

ADDRESS: _____

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

CME VICE CHAIRMAN: Dr. _____ TNMC REGN. NO. _____

ADDRESS: _____

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

MEDICAL SUPERINTENDENT OR PROGRAM DIRECTOR (If it is an institution)

Dr. _____ TNMC REGN. NO. _____

ADDRESS: _____

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

DETAILS OF THE CME'S BEING CONDUCTED:

- a) For the past how many years:
- b) Approximately how many in a year (send copies of the invitations for the last twelve months)
- c) Are the subjects aimed for General Practitioners or Specialists:
- d) Average attendance in each meeting:
- e) Average duration of scientific discussion in each meeting:
- f) Usual venue of the meetings:

DECLARATIONS:

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 and have no objection for surprise verification of the meetings by a doctor, authorized by the Tamil Nadu Medical Council.
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 list of the doctors participated to the Tamil Nadu Medical Council within 7 days under Registered post.
5. We shall keep the Tamil Nadu Medical Council informed immediately, whenever there is a change in the office bearers of our organization/Institution.
6. The information given above is true to the best of our knowledge.

We request you to register our Medical Organization / Institution, authorizing to conduct period CME Programmes and issue attendance certificates to the participating doctors, for purposes of re-registration.

PRESIDENT

**GENERAL
SECRETARY**

**CME
CHAIRMAN**

**CME
VICE CHAIRMAN**