

**C.M.E. CERTIFICATE**

Name of Organization / Institution organizing CME Programmes/Workshops  
/Seminars/Conferences

*This is to Certify that*

Dr. \_\_\_\_\_ Bearing Reg.No. \_\_\_\_\_

Registered with \_\_\_\_\_ medial council, Address \_\_\_\_\_

\_\_\_\_\_ has participated as delegate/Faculty in

\_\_\_\_\_

(CME Programmes/Workshops/Seminars/Conferences) held on Date/Month / Year \_\_\_\_\_

Karnataka Medical Council has granted \_\_\_\_\_ Credit hours for delegates/ Faculty.

Vide letter No. \_\_\_\_\_ dated \_\_\_\_\_.

Signature & Name of  
Org. Secretary.

Zonal Chairman  
K.M.C. C.M.E. Accreditation Committee

Signature & Name of  
Head of the Organization  
Institution / Association.

All the CME / workshop / conference certificates which are sent to the KMC CME accreditation Committee should compulsorily have the names, KMC registration no: of all delegates printed on them, failing which they will not be considered for cme accreditation.