

APPLICATION FORM FOR ACCREDITATION OF IMA / TNGDA, BRANCH WITH THE TAMIL NADU MEDICAL COUNCIL, TO CONDUCT APPROVED CME PROGRAMMES

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 IMA branch to conduct TN Medical Council recognised CME Programmes . 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

1. Details of the Organisation:

Name of the Association: Branch	
Communication Address:	
Organisation Permanent Mobile/whatsapp No:	
*Organisation's Permanent Email id:	

2. Details of the Office Bearers:

President	Secretary
Address:	Address
Mobile No:	Mobile No
Tnmc Regn No	Tnmc Regn No
Mail Id	Mail Id
Aadhaar No	Aadhaar No

3. Accreditation Fees (payment details) Demand draft only :

<p><i>DD to be drawn in favour of "Registrar Tamilnadu Medical Council (CME)"</i></p> <p>DD No: _____ Amount: Rs.1,000/- Dated: _____</p> <p>Bank: _____ Branch _____</p>

4. If the organisation want retrospective CME credit hours for the members who had attended CMEs held by the organisation between 2012-2017? (optional)

Yes/ No.

Note:

If yes, may apply for the same after accreditation, in the following format in excel sheets along with Xerox of attendance signed by the participants.

SNO	DATE/S	VENUE	TOPIC/S	TOTAL HOURS	REMARKS. IF ATTENDANCE AVAILABLE
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5. **DECLARATION**

- i. 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.
- ii. We will send a copy of every CME to be conducted by our organization, to the TNMC, in advance, atleast 7 Days before the start of the CME, from our designated mail.
- iii. 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.
- iv. 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 7 days after the completion of CME from our designated mail.
- v. We will accept to **pay Rs 50** for each participant for Importing Credit hours fees or to pay Rs.100 for applying Certificate Charges by Demand Draft to the Council within 7 days on completion of the CME.
- vi. 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 10 working days.
- vii. We shall keep the Tamil Nadu Medical Council informed, whenever there is change in the office bearers of our Associations.
- viii. We have enclosed the following :
 - ix. Application form
 - x. Demand draft
 - xi. Registration Certificate of IMA Association

xii. The information given above is true to the best of our knowledge.

AUTHORISED SIGNATORY (with seal)

