

**CERTIFICATE FOR CREDITING CME HOURS BY THE TAMIL NADU
MEDICAL COUNCIL FOR REGISTERED MEDICAL PRACTITIONERS
WORKING IN MEDICAL COLLEGES AS TEACHING FACULTY.**

Signature of the Registered Medical Practitioner : _____

This is to certify that Dr _____,
Aadhaar No _____ and TNMC Registration No. _____ is
working as _____, in
this Institution from _____ to _____.

He was involved in teaching medical students/ CRRI/ PG students
apart from other work.

Date:

Dean/ Director