

Goa Medical Council

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PROFORMA APPLICATION FOR CME ACCREDITATION

Name of the Organization :

Date and time of CME :

Name of the Speaker :

Designation and Qualifications of Speaker :

Topic of CME :

Duration of CME :

Abstract of lecture :
(Upto 200words)

Attach Bio-data of speaker justifying the speakers expertise in the subject :-

(Name & Signature of Organizer)

Place :

Date :