

# KARNATAKA MEDICAL COUNCIL

# 16/6, 2<sup>nd</sup> Floor, Miller Tank Bed Area, Vasanthnagar, Bangalore -560 052.

Tele: 080-22200888, 9916302157. www. karnatakamedicalcouncil.com,

E-mail: [kmccmeprog@gmail.com](mailto:kmccmeprog@gmail.com)

Dr. Kanchi Pralhad. V  
President

Dr. Nagaraj Annegowda  
Vice - President

Dr. Prabhakara. G. N.  
Zonal Chairman

**K.M.C. / C.M.E. / 629 / 2023.**

**Date: 14-03-2023.**

To

**Dr. Hamsaveena.**

Organizing Secretary,  
Dept of Medical Education,  
Siddaganga Medical College & RI,

**Tumakuru : 572102.**

**Mobile: 9845236064.**

**E-mail: [principal@smcri.edu.in](mailto:principal@smcri.edu.in)**

Sir,

**Sub :-** Regarding award of Accreditation Points.

**Venue:-** Siddaganga Medical College & Research Institute.

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On perusal of your CME / Workshops / Conference Brochure Karnataka Medical Council is pleased to award **"One - Hour"** of Accreditation for **"One-day"** Programme Organized by Dept of Medical Education, Siddaganga Medical College & RI, **CME, "CME on Research Methodologies"** On **24<sup>th</sup> March 2023.**

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- 1) Organizer must send attendance sheet three day before program start date in the specified sample attendance sheet Like Delegates of Karnataka, faculty of Karnataka, delegates of other state, faculty of other state in separate excel sheet. **(Excluding PRC student)**
- 2) Organizer must upload the attendance sheet by using organizer login and by clicking on **upload marks** button.
- 3) **Kindly attach photos & video of 5 to 10 minutes duration capturing to CME e-mail id within 7 days of CME / Workshop / Conference.**
- 4) The CME observer Feedback form is available on our website. The organizers are requested to download the same, get it filled and signed by the CME Observer. The Feedback form should be sent to KMC within 7days of CME / Workshop / Conference.
- 5) The arrange for the observer's accommodation and transportation has to be made by organized of CME / Conference / Workshop.

Dr. Prabhakara. G. N., KMC Member & KMC - CME Zonal Chairman, Contact No: 9845311362, E-Mail: [prabhakaragn@yahoo.com](mailto:prabhakaragn@yahoo.com) will be the Signing authority.

**No Observer.**

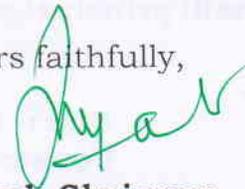
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**Organizers please note:-**

- 1) Henceforth for all the CME's to be conducted from 1<sup>st</sup> January 2016, spot registration will not be considered for CME Credit points.
- 2) The list of registered delegates for all the CME's has to be finalised 3 days before the actual date of CME & the Certificates have to be sent for Signature by the KMC Zonal Chairman, 2 days before the date of CME.

Yours faithfully,



**Zonal Chairman**

 **KMC - CME Accreditation**

**Committee  
REGISTRAR**

**Karnataka Medical Council**

**Karnataka Medical Council**

No.16/6,2nd Floor,Miller Tank Bed Area,

Vasanthnagar, Bangalore - 560 052. Tele : 080-22200888

KMC Cash book Receipt For The Year : 2022-2023

Receipt No : 202230306	Group Receipt No : 202230306	Receipt Date:10/03/2023
Amount in Rs:	1000	Account No: 417208009 , IBK
Amount in Words:	one thousand Only	Towards: CME RECEIPTS
Narration:	Payment for CME Program CME on Research Methodologies	

  
Authorised Signatory  
**REGISTRAR**  
Karnataka Medical Council

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