



BOARD OF GOVERNORS
IN SUPERSESSION OF MEDICAL COUNCIL OF INDIA
 Pocket - 14, Sector - 8, Phase-I, Dwarka, New Delhi - 110 077
 Phone : 011-25367033, 25367035, 25367036,
 Email : mci@bol.net.in, Website : <http://www.mciindia.org>

**APPLICATION FORM FOR FINANCIAL ASSISTANCE FOR CME
 PROGRAMMES/WORKSHOP/POST GRADUATE COURSE IN INDIA**

1. Details of Hosting Institution

- (a) Name of Institution: _____
- (b) Full Address: _____

- (c) Tel No. _____ Fax No _____ Telex No. _____
- (d) (i) Whether Medical College or other Academic institution / Professional National /Regional /State /Local Organization.
- (ii) If other non-teaching institution, please give details separately.

2. Details of Programme

- (a) Subject in which CME is to be held: _____
- (b) Year & probable dates: _____
- (c) Proposed Activity (please tick appropriate Box)

Lecture	<input type="checkbox"/>	Workshop	<input type="checkbox"/>	Seminar	<input type="checkbox"/>
Symposium	<input type="checkbox"/>	Hands –on Demonstration	<input type="checkbox"/>	Panel Discussion	<input type="checkbox"/>

- (d) Duration:
- (e) Any other.

3. FACULTY

- (a) No. of Faculty in the : Please give the names and designations on separate sheet & affiliation concerned speciality in your institution.
- (b) Name of Organizing Secretary/Co-ordinator _____

(c) Address: _____

(d) Telephone No.: (Office) _____ (Res.) _____

4. (A) FOREIGN FACULTY

Foreign faculty likely to participate in the programme.

Furnish Details :

S.No.	Name	Designation	Address

(Please attach separate sheet , if space is insufficient)

(B) INDIAN FACULTY

S.No.	Name	Designation	Address

(Please attach separate sheet , if space is insufficient)

5. Expected number of participants

6. LIKELY BENEFICIARIES OF THE PROGRAMME:

(a) Consultants

(b) Post Graduates

© Specialists

(d) Private Practitioners

(e) Academicians

(f) Primary Care Doctors

(g) Others:

7. INFRASTRUCTURE FOR HOLDING THE PROGRAMME

(Please give details separately)

(a) Venue

(b) Audio-video facilities

(c) Facilities for accommodation for visiting faculty

(i) Foreign

(ii) Indian

(d) Accommodation for other delegates.

8.

- (a) Whether any programme has been held at your institutions. How many such programme organized earlier.

If any give details –

- a) Date
- b) Venue
- c) Numbers of participants
- d) Expenditure for the programme
- e) Source(s) for funding.

9. ESTIMATED EXPENDITURE FOR THE PROGRAMME

- a) Travelling
- b) Accommodation
- c) Hospitality
- d) Inaugural function
- e) Publication for programme proceedings, brochures etc
- f) Hiring of conference hall and audiovisual equipments
- g) Pan No. of the account holder
- h) Bank name / Account No.
- i) Others

(Signature)
Head of Institution / Secretary /
President of the Associations.

(Signature)
Programme leader