

DELHI MEDICAL COUNCIL

Requirements for CME /Workshop /Conference

- 1) CME Performa (Please Download)
- 2) Scientific Programme with lecture duration and speakers
- 3) Minimum 15 Minutes Lecture (talk) on Ethical issues/Unethical Acts/Professional Misconduct
- 4) Undertaking (Please attach Separate Sheet)
 - (a) Course Content (speaker's speech) of the CME, in the form of a CD, will be made available to the DMC after conclusion of the CME programme.
 - (b) Speakers are not sponsored by any pharmaceutical company or manufactures of surgical equipments.
- 5) Brief Bio Data of the faculty / speakers (Please attach Separate Sheet)

For International faculty participating in the CME / Workshop / Conference

- 1) Brief Bio Data of the International faculty
- 2) International faculty are delivering only lectures not conducting any live demonstration on any patient.

Note

1. The content of the CME programme will have to be available at the time of application with an undertaking by the speaker that his topic has not been sponsored by any pharmaceutical company/manufacturers of surgical equipments.
2. The organizers will also send permission to upload the content into DMC website for online CME.

3. If the contents can not be made available before hand the organizers will have to give an undertaking to the effect that contents will be provided immediately after conclusion of the CME programme.
4. No programme will be accredited if organized outside the Union Territory of Delhi.

DELHI MEDICAL COUNCIL

PROFORMA FOR CME ACCREDITATION

(TO BE SUBMITTED PREFERABLY ONE MONTH IN ADVANCE)

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| 1 | Name of the Organization : |
| 2 | Expected No. of Delegates: |
| 3 | Field of Speciality: |
| 4 | CME Details Date: Topic : Methodology : (i) Details of Scientific Programme with duration of the lecture / Programme with dates (attach separate sheet) (ii) Brief Bio-data of the speaker/faculty participating in the programme (attach separate sheet) |
| 5 | Venue of the Programme: |
| 5 | Lecture Hall facility - Yes / No |
| 7 | Capacity of the Hall: |
| 8 | Audio Visual Facility and other facilities: |
| 9 | Bed Strength of the Hospital: |
| 10 | Fee, if any charged, for participation in the programme: |
| 11 | Name & DMC Registration No. of the Organizing Secretary: |

Signature
Organizing Secretary