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)
   
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<th>Lecture</th>
<th>Workshop</th>
<th>Seminar</th>
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<tr>
<td>Symposium</td>
<td>Hands –on</td>
<td>Panel</td>
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<td>Demonstration</td>
<td>Discussion</td>
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   (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:

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(Please attach separate sheet, if space is insufficient)

**(B) INDIAN FACULTY**

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