

# Application for Accreditation of CME Credit Hours

## Andhra Pradesh Medical Council

Sultan Bazar, Hyderabad. Ph:040-24657639, 65577343

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To  
**The Registrar / Chairman**  
Andhra Pradesh Medical Council  
Sultan Bazar, Hyderabad-500095

Date:  
Place:

Sir,

I have the honour to inform that the below mentioned organization is conducting Workshop/CME/State Conference/National Conference \_\_\_\_\_ etc.,  
from: \_\_\_\_\_ to: \_\_\_\_\_ &  
Venue:\_\_\_\_\_.We request for sanction of  
\_\_\_\_\_ CME credit hours.

Full Name (Organization)\_\_\_\_\_

Address:\_\_\_\_\_

CITY\_\_\_\_\_PIN CODE:\_\_\_\_\_

STD Code:\_\_\_\_\_Tel.No.\_\_\_\_\_

Mobile:\_\_\_\_\_Email ID:\_\_\_\_\_

The Originals Broacher and the copies of required papers are submitted herewith along  
with DD For RS.\_\_\_\_\_, D.D.No.\_\_\_\_\_DD  
Date:\_\_\_\_\_Bank Name:\_\_\_\_\_Bank Branch:\_\_\_\_\_,  
Bank Code:\_\_\_\_\_.

The above facts are true to be best of my knowledge

Yours faithfully

(Organizing Secretary)

### Required documents for Accreditation of Credit hours.

- 1) Covering letter from Organization conducting the CME/Workshop/Conference etc.,
- 2) If the event conducting organization is not a recognized organization, they should obtain letter from any recognized association like IMA,APGDA, API, ASI, Ophthalmology, Obg& Gyn Association, ENT etc.,
- 3) Broacher of the Programme
- 4) Demand Draft for Rs.1000/- in favour of “**Andhra Pradesh Medical Council**” from Andhra Bank payable at Hyderabad.