

**Application Form I**  
**(for Enrollment as per Gujarat Medical Council)**

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**Date :** / /

**To**

The Registrar  
Gujarat Medical Council  
"Council House"  
Old Nursing College Building,  
Opp. M. P. Shah Cancer Hospital,  
Civil Hospital Campus,  
Asarva,  
Ahmedabad - 380 016.

**Sub.:** Issue of Certificate of Accreditation

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**Sir,**

Our organization regularly conducts CME programmes / workshops / seminars for updating knowledge of doctors and we have demonstrated ability to plan & implement above programs to cover the targeted doctors. Brief details of our organization are as below.

Name of Organization : \_\_\_\_\_

Recognition Number of MCI : \_\_\_\_\_  
(applicable for Medical Colleges)

Name of Association : \_\_\_\_\_

Registration No. : \_\_\_\_\_  
with Charity Commissioner  
/ Under Society Act

I request to recognize our institute for accredited scientific programmes organized by our institute / association. We will abide the rules & regulation of Gujarat Medical Council.

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**Thanking you,**

**With warm regards,**  
**Yours truly,**

(Name with Official Stamp)

**Please Note :**

- Application should be made on official letter head of organization /Association.
- Soft copy to be mail to [drcnpatel@gmail.com](mailto:drcnpatel@gmail.com)
- Encl.:1) Copy of Registration