

Application Form V
(Accreditation Form For Only Single Event)

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.:Accreditation of the Conference.

Sir,

Our Association / Institute has applied for a certificate of accreditation on dated _____. We have received an approval letter from the council with a request to deposit the appropriate fees. We will abide the rules & regulation of Gujarat Medical Council.

Please find enclosed Cheque / DD of Rs. _____ dated _____
drawn on _____

Name of Association / college : _____

President / Hon. Secretary : _____
of the Association

Registration No : _____

Organizing Chairman / : _____
Secretary of the programme

Contact Person Name, : _____
Address Tel. No.
& Mobile No.

GMC Permission No. : _____

Date of Programme : _____

Venue of Programme : _____

Conference : _____

C. V. of Faculty : _____

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
- Encl.:1)Copy of Registration