

To

The Registrar
Pakistan Medical and Dental Council,
Islamabad.

SUBJECT: PROVISION OF INFORMATION BEFORE START OF THE CME/CDE PROGRAMS

Sir,

It gives us great pleasure to inform you that we are going to start the CME/CDE programs/ workshops/ seminar for updating the knowledge of the doctors as per detail given below:

- Name of the organization: _____
- Registrar No of the organization allotted by PM&DC: _____
- Postal Address of the organization: _____
- Number of Faculty Members/Tutors: _____ (List attached)
- Number of participants doctors: _____ (List attached)
- Duration of the Programs Form _____ TO _____
- Nature of Programs offered (Kindly Tick) CME/CDE _____ or both _____
- Programs specified for (Kindly Tick) GPs/Admin _____ Specialists _____
- Please specify specialty _____
- Total numbers of credit hours offered: _____ (programs attached)

With best Regards

Name/Signature/Stamp of the organization

Name: _____

TO

The Director
Medical Education
SMBBMU Larkana

It is to inform that Department of _____ is holding CME for GPs/
Specialists/others as per following schedule

Topic _____

Date _____

Time _____

Type Conference /Seminar/ Symposium /Invited talk /Workshop

Target population GPS / Specialists/others

Head

Date: Department of _____
CMC/GMC/BADC/ SMBBMU Larkana