

Application for Accredited Speaker

To,
THE REGISTRAR,
Maharashtra Medical Council
Anand Complex, 2nd Floor,
Sane Guruji Marg, Arthur Road Naka,
Mumbai -400 011.
Website - <http://maharashtramedicalcouncil.in>

Sub.: Regarding Accredited Speaker

Sir/Madam,
I hereby request you to grant me approval as speaker.

Name: _____
Address.: _____
Date of Birth: _____
Tel.No.(Resi.): _____
Mobile No.: _____
Email: _____
Registration No./State/Country: _____ Registration Date: _____
Last Renewal date: _____

Qualification	Year of Passing	University
Degree		
PG		
Other		

- 1) Teaching Experience (in years): _____
- 2) Professional Standing (in years): _____
- 3) Total Number of Research Papers: _____
- 4) Specialty: _____
- 5) Membership of Professional Association: _____

The above furnished information is true and the I have not been penalized by Maharashtra Medical Council in past.

Sign of applicant

Countersign of head of Institute
(for teachers)/MA President
(for private practitioners) with seal

Kindly attach the following photo copies / scan copies with application.

1. Registration certificate
2. Renewal proof
3. Degree / PG Certificate
4. Teaching experience certificate
5. Demand Draft of Rs.100/- / (Rupees One Hundred Only) At Par Cheque payable to "Maharashtra Medical Council"/ Online Payment.