

FORM FOR SUBMITTING CME CREDITS

The Chairperson
Centre for CME accreditation
The Tamil Nadu Dr. MGR Medical University,
Chennai.

Name:
Course:
Registration Number:

I am submitting herewith **copies** of the relevant documents supporting my claim for
CME credits for the period from to

	Title of CME Activity	Duration/Date(s)	Credits
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

(Extra sheet ...)