CME OBSERVER FEEDBACK FORM

1. **Name of the Institution/Organization:** ……

2. **CME/Workshop/Conference :** **Date:** ……

3. **Credit Hours allotted :** …… **KMC - CME Ref no:** ……

4. **Details of the programme:**

Sl no:	Name of the Speaker	Topic covered	Time/Duration	Remarks
1				
2				
3				
4				
5				
6				

5. **Attendance :**

   A) No of registered delegates **:** ……..

   B) Spot Registration **:** ……

6. **Time of Distribution of CERTIFICATES :** ……

7. **Hospitality of the Observer**

   A) TA/DA **:** arranged ☐ / not arranged ☐

   B) Accommodation **:** arranged ☐ / not arranged ☐

8.** No of certificates signed **:** **……**

(Applicable only if KMC Member is observer and signing authority)

9. **Any other remarks :** 1)
   2)
   3)

10. **Name, address and phone number of the observer :**

Signature of the observer **Name and Sign of the Organizing Secretary**