

PROFORMA 'B'

(ESTIMATE OF EXPENDITURE)

1. **Details of Travelling Allowance:.....**
2. **Details of D.A:**
3. **Printing/Cyclostyling:**
4. **Secretarial Services(Typing**
Stenographic assistance,
Duplicating paper and other
Standard items)
5. **Miscellaneous (only for light**
Refreshment during break time)
6. **Total estimated amount:**
7. **Contribution, if any from source**
other than Trust:

CONDITION FOR SPONSORING THE CME PROGRAMME

1. APPLY IN PRESCRIBED APPLICATION FORMAT OF MERT ONE MONTH BEFORE THE CME DATE
2. LETTER IN LETTER HEAD DULY SIGNED AND SEALED BY THE APPLICANT AND FORWARDED BY HOD / HEAD OF THE INSTITUTION
3. ALL ESSENTIAL COLOUMN SHOULD BE FILLED
4. THE NAME OF THE MEDICAL EDUCATION & RESEARCH SHOULD BE MENTIONED IN THE BROCHURE
5. TOTAL AMOUNT WILL BE RELEASED AFTER SUBMISSION OF BROCHURE, PHOTO AND REPORT