

APPLICATION FOR FINANCIAL ASSISTANCE FOR CME / WORKSHOP / SYMPOSIUM

**MEDICAL EDUCATION & RESEARCH TRUST®
KARNATAKA
NO.16/F,API BHAVAN, MILLERS TANK BUND AREA
VASANATHANAGAR, BANGALORE-560 052
Website : www.mert.org.in Email ID : info@mert.org.in**

PROFORMA A

Details regarding Seminar, Symposium, Workshop, Refresher Courses proposed to be held on..... at theduring the year.....

(Name of the Institution/Organisation).

1. Title of the Project:.....

2. Duration of the course in days:.....

a) Opening date:.....

b) Closing date:.....

3. Number of participants expected to be enrolled:.....

	Post Graduates	Other	Total
a) Outstation			
b) Local			
4. Name and Signature of the Director of the project
5. Name & Designation of Supporting staff:
6. Names with full address of the Likely visiting faculty, if any to Be invited and duration of their Visits.

7. Provisional program sheet:

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