

**Proposed Format of Certificate**

Name of the Organization  
(Organizing Conference /Workshop Seminar/ CME)

*This is to certify that*

Dr. ....

has participated as delegate in.....

(CME Conference /Workshops/Seminar/Programme)

held on ..... at.....

Rajasthan Medical Council has granted.....credit hours to delegates.

(Reference No. RMC/CME/..... Date.....)

Organizing Chairman

Organizing Secretary