

Proforma (II) for

Dr. Mahmood Hussain Special Award to a Local Branch for Best Scientific Programme

Name of the Local branch: _____

Total Members as on 31st December 2024: _____ (SLM _____ CLM: _____)

Name of the President _____ Mobile _____ Email ID _____

Name of the Branch Secretary: _____ Mobile _____ Email ID _____

Name of Clinical Society Secretary _____ Mobile _____ Email ID _____

Activity	Total Hours	Total Speaker	Local Speaker (same district)	State Level Speaker	National level Speaker	Subject	Association with	Number of Participants

Signatures (With Seal) : Branch President _____

Branch Secretary _____

Clinical Society Secretary _____

Note:

- Activity can be: CME-1,CME-2/Symposium on../Seminar on../Workshop etc.
- Total hours: means only hours utilized for academic activities (don't include tea/ lunch/ dinner time)
- Write the names of Speakers and Subjects
- Association with: e.g., AIDS Control Society/ RNTCP/NVBDCP/ other medical association etc.