

To,  
**The Chairperson CME,**  
Medical Education Department  
King Edward Medical University,  
Lahore.

Respected Sir,

I, Dr. \_\_\_\_\_ S/o, D/o \_\_\_\_\_

Designation \_\_\_\_\_ PMDC Reg # \_\_\_\_\_

has attended (Workshop / Seminar Name) “ \_\_\_\_\_

at the Department of \_\_\_\_\_

KEMU/Mayo Hospital, Lahore as a

Presenter	Participant

Attended Session detail:-

Session Name \_\_\_\_\_ on (time) \_\_\_\_ to \_\_\_\_ “on \_\_\_\_ / \_\_\_\_ /2025

Session Name \_\_\_\_\_ on (time) \_\_\_\_ to \_\_\_\_ “on \_\_\_\_ / \_\_\_\_ /2025

Session Name \_\_\_\_\_ on (time) \_\_\_\_ to \_\_\_\_ “on \_\_\_\_ / \_\_\_\_ /2025

Session Name \_\_\_\_\_ on (time) \_\_\_\_ to \_\_\_\_ “on \_\_\_\_ / \_\_\_\_ /2025

Session Name \_\_\_\_\_ on (time) \_\_\_\_ to \_\_\_\_ “on \_\_\_\_ / \_\_\_\_ /2025

Session Name \_\_\_\_\_ on (time) \_\_\_\_ to \_\_\_\_ “on \_\_\_\_ / \_\_\_\_ /2025

Session Name \_\_\_\_\_ on (time) \_\_\_\_ to \_\_\_\_ “on \_\_\_\_ / \_\_\_\_ /2025

Session Name \_\_\_\_\_ on (time) \_\_\_\_ to \_\_\_\_ “on \_\_\_\_ / \_\_\_\_ /2025

Kindly issue me certificate with CME hours. Thanking you in anticipation.

Regards

Dr. \_\_\_\_\_

Signature: \_\_\_\_\_

Contact #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Attendance Sr. # \_\_\_\_\_

Dated: \_\_\_\_\_

## Instructions for Issuance of Certificate

1. The participants desiring to acquire a CPD certificate will extend a request to CME with a certificate of participation duly verified by organizers for issuance of the certificate.
2. CPD certificate will be issued to the applicants based on the applicant's attendance of sessions attended.
3. CME department after verification of the record (submitted by organizers) will issue the CME certificate to the applicant.
4. After completing this form, signing it, and getting it verified by the Organizer Department, a scanned copy may also be e mailed to the following email address.  
[dmeccme42@gmail.com](mailto:dmeccme42@gmail.com)
5. In case of any query, please contact at 042-99211145-50, Ext-132 or at 0300-4830320