



Shifa Tameer-e-Millat University and Shifa International Hospital (affiliated hospital) is accredited to provide continuing professional development which includes continuing medical education and continuing dental education.

CONTINUING MEDICAL EDUCATION

DISCLOSURE FORM

ACTIVITY REFERENCE NO (to be filled by CME): _____

I solemnly affirm the following about this activity:

DISCLAIMER

I or my spouse/partner do not have a financial relationship since last 12 months with an entity producing, marketing, re-selling or distributing healthcare goods or services consumed by, or used on patients and there are no conflicts of interest to disclose.

OR

In case of any financial relationship please state:

- Name of the organization
- Exact nature of the relationship
- Duration of relationship
- Terms & conditions of the relationship (attach copy of agreement by the organization)

All speakers to submit the following statement

The content and presentations of the activity do not include any material for promotion and marketing of any product. YES NO If Yes, Details _____

I give my consent to get the lecture recorded by Shifa International Hospital to use it for e-library.

YES NO

Name: _____ Designation: _____

Institution: _____

CNIC No. / Passport No: _____ E-mail Address: _____

Cell Number: _____ Signature: _____

DO NOT WRITE IN THIS BINDING MARGIN