

**Date:**

QMed Knowledge Foundation  
A-3, Shubham Centre  
Cardinal Gracious Road  
Chakala, Andheri East  
Mumbai 400099  
Tel: 400544474/75



**Confirmatory letter for conducting a Training program**

We invite you to conduct QMed's workshops in our institution on \_\_\_\_\_ (date). Please tick the program/s of your choice

PubMed – Basics  Reference management tool (Mendeley)

Cochrane Library  PubMed – Advanced

We would like:

Hands-on (half day each) workshop

Interactive 2.5-3.0 session

**We confirm the following:**

1. Internet access:

- We have broadband / wireless / Cable Internet access
- Tata Photon modems pick up signals

2. Number of participants: \_\_\_\_\_

3. We will pay the total charges (adding the service tax) by

- a. A Demand draft
- b. On par cheque (NO LOCAL CHEQUES PLEASE)
- c. Online transfer

**Cheques / DDs will favour "Quality Medical Knowledge Foundation"**

4. Certificates

We will print and issue our certificates including QMed's details

5. Coordinator from our Organization:

Name: \_\_\_\_\_

Email id: \_\_\_\_\_

Contact no: \_\_\_\_\_

Name & Signature of Dean / Authorized Head