

Date:

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

Confirmatory letter from an institution for conducting a workshop

We invite you to conduct QMed’s workshops in our institution on _____ (date). We would like to have the following workshop/s (Each one is a half day workshop)

Mastering PubMed – Basics Reference management tool - Mendeley

Cochrane Library PubMed – Advanced
(These two are recommended only for those who have done the Basics)

We would like the workshop/s to be:

- a) Hands-on (half day each) workshop
- b) Interactive only – (2.5-3.0 session)

We confirm the following:

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

For hands on workshops only:

Number of participants: _____. We will send you the list of participants with email ids and phone numbers at least three days before the workshop

Certificates: We will print and issue our certificates including QMed’s details

We agree to start the workshop at 9 AM sharp and not permit late comers

Payments: We will pay the total charges (adding the service tax) by

- a. A Demand draft – favouring “Quality Medical Knowledge Foundation”
- b. On par cheque – favouring “Quality Medical Knowledge Foundation”
- c. Online transfer (Account Name - Quality Medical Knowledge Foundation; Savings A/c No : 395010100192880; IFS CODE : UTIB0000395; Axis Bank Ltd MIDC-Andheri (Mumbai) Branch)

Coordinator from our Organization:

Name: _____

Email id: _____ Contact no: _____

Name & Signature of Dean / Authorized Head