

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)

- 1. Mastering PubMed – Basics
 - 2. Reference management tool - Mendeley
 - 3. Cochrane Library
 - 4. Mastering PubMed – Advanced
- (Srl nos 3 & 4 are recommended only for those who have done the first workshop)

We confirm at last one of the following:

- We have broadband / wireless / Hotspot phone connection
- Airtel signals work well at our venue

We also confirm:

- We will provide a final list of participants with email ids and phone numbers
- We will print and issue our certificates including QMed’s details
- We agree to start the workshop at 9 AM (or time agreed) with no delays

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

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

Coordinator from our Organization:

Name: _____

Email id: _____ Contact no: _____

Name & Signature of Dean / Authorized Official