

**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 <input type="checkbox"/> | 2. Reference management tool - Zotero <input type="checkbox"/> |
| 3. Cochrane Library <input type="checkbox"/>          | 4. Mastering PubMed – Advanced <input type="checkbox"/>        |
- (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

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

Coordinator from our Organization:

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

Email id: \_\_\_\_\_ Contact no: \_\_\_\_\_

Name & Signature of Dean / Authorized Official