

## Report of Midterm CME/PG Clinics

**Name of the event:**

**Date/s:**

**Place:**

**Theme of the event:**

**Name of the Organiser/s:**

**Number of delegates attended:**

**Number of Faculty**

**IASG Members:**

**Non IASG Members:**

**Audit Summary:**

**Remarks:**

**Signature:**

**Name of the Organizer:**

**Date:**

*The organizer should submit the report within six months of completing the event to the Secretary, IASG*