




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

Date	CME Category	Topic	Stamp /Signed By
5/6/20	3c (5)	Inservice Training	
02/07/20	3a (10)	Diabetic Counselling	
28/7/20	3b/11	Nutrition mgt of Covid 19 pts	
		<del>Training</del>	
15/2/21	3c (5)	Inservice Training	
20/9/21	3a (10)	Diet Counselling	
18/10/21	3a (10)	Nutrition Mgt of covid 19 pts	
03/11/21	3c (2)	Lecture of Food and Diets to Staff	
04/07/22	3a (10)	01 Department Nutrition Education	

Name: CHIRHARO P

2022

Date	CME Category	Topic	Stamp /Signed By
11/10/22	3a (10)	Diet counselling	
15/12/22	3c (5)	Inservice Training	
21/6/22	3a (10)	or Department Nutrition Education	
15/12/22	3c (2)	Lecture of Food and Diets to staff	
11/11/22	3c (5)	Inservice Training	
		32 points	