

EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS) EUROPEAN ACCREDITATION COUNCIL ON CME (EACCME®)

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Conflict of Interest Disclosure Form

(to be completed by scientific/organising committee members)

Title of Event: World Mental Health Congress London: Mental Health a Global Priority

Venue: Dates:		
NAME: Indira	Sharma	
	National Academy of Medical Science	s (India)
Educational Evor other relationst be made the organiser	vents (LEEs)", all declarations of potential conship, must be provided to the EACCME readily available, either in printed form, of the LEE. Declarations must include vof expenses in relation to the LEE has been	
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X I have r	no potential conflict of interest to repo	rt:
☐ I have	e the following potential conflict(s) of in	nterest to report:
Type of affiliation / financial interest		Name of commercial company
Receipt of grants/research supports:		
Receipt of honoraria or consultation fees:		
Participa	tion in a company sponsored speaker's	bureau:
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Spouse/p	partner:	
Other su	pport (please specify):	
9	Marma	
Signature: (/		Date: 08.05.2022