



**CONSORTIUM OF THE ISLAMIC MEDICAL COLLEGES (CIMCO)  
FEDERATION OF ISLAMIC MEDICAL COLLEGES (FIMA)**

**Application for Full Membership**

**I.** Name of the medical school/ college/ university:

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**II.** Mailing Address: -----

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Email: -----

Website: -----

Tel: -----

Fax: -----

**III.** Established (since) -----

**IV.** Accreditation by national and international organizations

National Medical Council (since) -----

1. WHO (since) -----

2. University consortium/ commission (since) -----

3. -----

4. -----

5. -----

**V.** Department of professional ethics:

1. Hour's allocation per year

a) level I -----

b) level II -----

c) level III -----

- d) level IV -----
- e) level V -----

2. Input in examination system: -----  
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3. Faculty training programs in professional ethics: -----  
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**VI.** Department of Medical Education: -----  
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**VII.** Teaching methodology at the Medical college/ school: -----

- 1. PBL/ SCL (Student centered learning)
- 2. Integration:
  - a) Horizontal
  - b) Vertical
  - c) Both
  - d) None
- 3. Traditional teaching attitudes
- 4. Hybrid type of teaching (please give average percentage of every type of teaching / learning methodology) -----

**VIII.** Personal development programs at the University/ Medical school

- a) CME hours per year: -----
- b) Professional courses for faculty: -----  
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- c) Publications per year per faculty member: -----
- d) Conferences/ Seminars/ Workshops: -----  
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**IX.** Research facilities at the university/ Medical colleges: -----  
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**X. Examination System:** -----

1. Traditional System:

2. Integrated System:

**XI. International links of the institution/ University**

1. Member of other consortium (University/ Institutions:

a) -----

b) -----

c) -----

d) -----

2. MoU with other Universities/ Institutions/ Organizations: -----

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3. Examiner's Exchange program: -----

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4. Faculty exchange program: -----

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**XII. Research Publications in the immediately past one year: (please mention number in total)**

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**XIII. Post graduate training programme:**

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**Undertaking:**

On the behalf of -----  
(Name of the institution/ University)

It is hereby solemnly declared that this institution/ university will be abiding by all rules and regulations described in the consortium of Islamic medical colleges (CIMCO).

\_\_\_\_\_  
Dean of Medical School/ College/ Faculty

Recommendation by IMA: \_\_\_\_\_  
(Country)

Recommended/ Not Recommended

\_\_\_\_\_  
President IMA \_\_\_\_\_

Date: \_\_\_\_\_

Membership Approved/ Not Approved

\_\_\_\_\_  
Secretary CIMCO

Date: \_\_\_\_\_

\_\_\_\_\_  
Chairman CIMCO

Date: \_\_\_\_\_

Membership Number: \_\_\_\_\_

Date: \_\_\_\_\_