



## Proforma for Foreign Institute's Undergraduate Medical/Dental Qualification

### 1. General Information:

Institution Name:	
Address:	
Country:	
Email Address:	
Phone Number:	
Website Link:	

### 2. Accreditation and Licensing:

- a) Is your institution accredited by the National Medical/Dental Council or a relevant accrediting body in your country?

Yes / No

If yes, please provide the name and contact details of the accrediting body:

**Attach a certificate of accreditation**

<b>National Accrediting Body's Name</b>	
<b>Contact Details (Email/Phone No/ website link)</b>	

- b) What is the duration of the current accreditation?

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- c) Do you have collaborations or partnerships with other international medical/dental institutions?

Yes / No

If yes, please provide details:

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- d) Is your institution recognized by any international medical/dental councils or organizations (e.g., FAIMER, WFME, WHO, ECFMG) or any other international body?

Yes / No

If yes, please provide details: with the certificate attached.

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### 3. Curriculum and Education Standards:

- a) Please provide details about the curriculum for medical/dental programs:

<b>Duration of the program in Years</b>	
<b>Credit Hours</b>	
<b>Subjects/Modules covered (Basic Sciences/Clinical Sciences)</b>	----- -----

b) Is your curriculum aligned with international standards if so?

**Yes / No**

If yes, please provide details and share any module/semester.

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c) Do you incorporate problem-based learning (PBL) or other innovative teaching methods if so kindly share any module.

**Yes / No**

If yes, please share module:

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d) What language is the primary medium of instruction?

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e) Is the course full-time on campus?

**Yes / No**

f) Is online education part of the curriculum, please mention details in hours/percentage.

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**4. Faculty and Resources:**

a) **Number of full-time faculty members and the language of faculty members**

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b) Number of part-time/adjunct faculty members

- minimum criteria (Qualification) for appointment of faculty: \_\_\_\_\_
- Professorship eligibility qualifications: \_\_\_\_\_

Total no of faculty: full time _____ adjunct faculty: _____
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c) Details about the facilities available.

<b>lecture halls</b>	
<b>laboratories</b>	
<b>libraries</b>	

d) Do you have a hospital or clinical training center affiliated with the institution for practical training?

**Yes / No**

If yes, please provide how many number of beds are available for training and teaching.

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e) **Do you allow foreign graduates to complete paid house jobs in your hospital?**

**Yes / No**

If yes, how many clinical cases are observed/performed by each student?

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f) Do you offer a license to practice to foreign graduates in your country? \_\_\_\_\_

g) Do students complete logbooks in clinical rotations?

**Yes/No**

If yes please share any one clinical logbook.

- h)** Do you have mandatory clinical rotations? Yes/No if yes please mention the subjects /rotations names.

**5. Admission and Student Body:**

- a)** What are the admission requirements for your medical/dental programs?

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- b)** Is there any mandatory English or local language test?

**Yes / No**

- c)** Number of students currently enrolled:

Domestic	International – Pakistani students

**6. Assessment and Evaluation:**

- a)** What methods are used to assess student performance (e.g., exams, practical assessments, research projects)?

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- b)** Do you have an external evaluation process in place?

- c)** Is there log book in your curriculum? (Attached)

**Yes / No**

If yes, please provide details (subject-wise names)

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**7. Postgraduate Opportunities and Alumni:**

- a)** Do you offer postgraduate training programs?

**Yes / No**

- b)** What percentage of foreign graduates pursue postgraduate education or specialization?

- c)** Do you offer a complete transcript of the full study course i.e. MBBS/BDS.

**Yes/No**

Please provide any additional information that may be relevant to the recognition process:

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**8) students' security measures**

a)What kind of security does your university offer to foreign students, share details.

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- **What kind of visa does your government offer to the students:** \_\_\_\_\_
- **What kind of accommodation is offered to students**\_\_\_\_\_
- **Do you share data of students with the Pakistan embassy and the Pakistan Medical & Dental Council?**