



Eligibility Form

Part I General Requirement

| | | |
|---|--|--|
| Name of Medical College | Arabic | |
| | English | |
| Ministerial Order of Medical College establishment | No | Issue Date |
| First Cohort of Graduate | Year | Number |
| Type of Educational program | Discipline-Based | Integrated |
| Duration of Study | Years | |
| Faculty* | Teaching staff Number | |
| (*Include affiliated faculty from the Ministry of Health) | Technical staff Number | |
| | Administrative staff Number | |
| Infrastructure | Lecture Hall | Present: <input type="checkbox"/> Absent: <input type="checkbox"/> Number: |
| | Laboratory, | Present: <input type="checkbox"/> Absent: <input type="checkbox"/> Number: |
| | Skill Lab | Present: <input type="checkbox"/> Absent: <input type="checkbox"/> Number: |
| | Library | Present: <input type="checkbox"/> Absent: <input type="checkbox"/> Number: |
| | Indoor or Outdoor facilities | Present: <input type="checkbox"/> Absent: <input type="checkbox"/> Number: |
| | Total Building Area (m ²): | Total Green Area (m ²): |

Part II Self-Assessment Report & indexing

SAR Structure & Layout*

| | | | | | |
|------------------------|--------------------------|------------------------|--------------------------|-----------------------|--------------------------|
| Title Page | <input type="checkbox"/> | Dean Statement | <input type="checkbox"/> | Historical background | <input type="checkbox"/> |
| Acknowledgement | <input type="checkbox"/> | Summary Report | <input type="checkbox"/> | Purpose of Evaluation | <input type="checkbox"/> |
| Evaluation Methodology | <input type="checkbox"/> | Discussion of Standard | <input type="checkbox"/> | SWOT Analysis | <input type="checkbox"/> |
| Plan of action | <input type="checkbox"/> | Conclusion | <input type="checkbox"/> | | |

*Check the essential content of SAR

Citation & Appendices Indexed by Standard No. List of Appendices

Intention letter *The intention letter should be attached

Dean Name

Medical College Stamp

Signature