



University of Medical Sciences Islamabad



Council for Collaboration in Medical Education **(CCME)** **Free Registration Form**

- ☐ **Full Membership** (Having qualification in Medical Education)
- ☐ **Associate Membership** (Having any diploma/course in Medical Education)
- ☐ **Student** (Currently studying Medical Education)
- ☐ **Honorary** (Define why:.....)

Information Required:

Name	
Designation / Job Title	
Qualification	
Faculty/School/Centre	
Department/Hospital	
Institution	
Address	
City/State	
Zip/Postal Code	
Country	
Landline	
Cell	
Fax	
Email	
Alternative Email	