



# MIGRATION FORM FOR MBBS & BDS



## PERSONAL INFORMATION

STUDENT NAME:

FATHER NAME:

CONTACT NO:     -

EMAIL ID:  GENDER:

CNIC NO:     -     -

POSTAL ADDRESS: \_\_\_\_\_

REASON OF MIGRATION: \_\_\_\_\_

Paste Passport Size  
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## ACADEMIC DETAILS

PROGRAM: \_\_\_\_\_ MIGRATION YEAR: \_\_\_\_\_

MIGRATION FROM (COLLEGE NAME): \_\_\_\_\_

MATRIC/EQUIVALENT TOTAL MARKS: \_\_\_\_\_ MATRIC/EQUIVALENT OBTAINED MARKS: \_\_\_\_\_

FSC / EQUIVALENT TOTAL MARKS: \_\_\_\_\_ FSC / EQUIVALENT OBTAINED MARKS: \_\_\_\_\_

MDCAT / SAT TOTAL MARKS: \_\_\_\_\_ MDCAT / SAT OBTAINED MARKS: \_\_\_\_\_

### ADD PROFESSIONAL EXAMINATION DETAIL AS APPLICABLE

1<sup>ST</sup> PROF TOTAL / OBTAINED:  /  2<sup>ND</sup> PROF TOTAL / OBTAINED:  /

3<sup>RD</sup> PROF TOTAL / OBTAINED:  /  4<sup>TH</sup> PROF TOTAL / OBTAINED:  /

FINAL PROF TOTAL / OBTAINED:  /

- ❖ Please read the migration rules clearly which is displayed on college website.
- ❖ You are required to attach photocopy of Matric or Equivalent, Fsc or Equivalent, MDCAT / SAT result, all professional results, No Objection Certificate & No Dues Certificate from relieving university/College and ID Card.
- ❖ Incomplete form will not be entertained.

Signature: \_\_\_\_\_

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