

WOMEN MEDICAL & DENTAL COLLEGE, ABBOTTABAD

APPLICATION FORM FOR MIGRATION / TRANSFER

1. Name of applicant with Father's Name _____
2. Contact Number _____
3. Permanent home address at _____
the time of admission _____
Postal address of the Father at present _____
4. Date of admission in 1st Year MBBS/BDS _____
5. Domicile _____

6. **Educational Record along with photo copies of certificates**

S.No	Exam	Year of Passing	Total marks Obtained	Attempt
1.	S.S.C. /Equivalence			
2.	F.Sc. /Equivalence			
3.	1st Prof.			
4.	2 nd Prof.			
5.	3 rd Prof.			
6.	4 th Prof.			

7. Class in which studying at present _____
8. Date of Promotion to the class _____
9. Reason for migration _____
10. Reason why the applicant was not
admitted to the college to which she
wants to be migrated _____
11. Name of the College where the
student wants to be migrated _____
12. Name of the college from where the
student wants to migrate _____

Note: Please also attach following documents with application form:

MDCAT Result copy in the year applicant was admitted
Copy of University Registration (if available)
Photocopy of CNIC (Self and Father / Mother) and 02 photographs

Dated: _____

Signature of the applicant