

WOMEN MEDICAL & DENTAL COLLEGE, ABBOTTABAD

APPLICATION FORM FOR MIGRATION / TRANSFER

- With Father's Name _____
2. Permanent home address at _____
the time of admission _____
3. 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

Recommendation/ Comments

This institution has no objection on her migration to

Principal
Women Medical & Dental College