

**WOMEN MEDICAL & DENTAL COLLEGE, ABBOTTABAD**

**APPLICATION FORM FOR MIGRATION / TRANSFER**

1. Name of Applicant with Father's Name \_\_\_\_\_ D/o. \_\_\_\_\_
2. Contact Number/ Email \_\_\_\_\_
3. Permanent Address \_\_\_\_\_
4. Postal address \_\_\_\_\_
5. Date of admission in 1<sup>st</sup> Year MBBS/BDS \_\_\_/\_\_\_/\_\_\_ in \_\_\_\_\_ Medical College
6. Domicile: \_\_\_\_\_

7. **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.   | 1 <sup>st</sup> Prof. |                 |                      |         |
| 4.   | 2 <sup>nd</sup> Prof. |                 |                      |         |
| 5.   | 3 <sup>rd</sup> Prof. |                 |                      |         |
| 6.   | 4 <sup>th</sup> Prof. |                 |                      |         |

8. Class in which studying at present \_\_\_\_\_
9. Date of Promotion to the class \_\_\_\_\_
10. Reason for Migration \_\_\_\_\_  
\_\_\_\_\_
11. Reason why the applicant was not admitted to the college to which she wants to be Migrated \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Name of the College where the student wants to be migrated \_\_\_\_\_
13. Name of the college from where the student wants to Migrate \_\_\_\_\_

**Note: Please also attach following documents with application form:**

- i. MDCAT Result copy in the year applicant was admitted
- ii. Copy of University Registration (if available)
- iii. Copy of DMCs (last passed examinations)
- iv. Photocopy of CNIC (Self and Father / Mother) and 02 photographs

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Applicant