



Air University

MIGRATION FORM FOR CONSTITUENT MEDICAL COLLEGES (MBBS PROGRAM)

Attach two recent
photographs here.

Form will be filled in Capital letters only

✓ Tick the relevant Box (all sections are mandatory)

SELECT YOUR DESIRED COLLEGE	
FAZAIA MEDICAL COLLEGE, ISLAMABAD <input type="checkbox"/>	FAZAIA RUTH PFAU MEDICAL COLLEGE, KARACHI <input type="checkbox"/>
NAME:	
FATHER NAME:	
STUDENT REGISTRATION NUMBER:	COLLEGE : _____ UNIVERSITY: _____
MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
POSTAL ADDRESS: _____ _____	
CITY:	DISTRICT:
PROVINCE:	COUNTRY:
EMAIL:	MOBILE:

Detail of Professional Study

Year	Name of college	Period		University
		From	To	
1 st Year				
2 nd Year				
3 rd Year				
4 th Year				

Kindly allow me to migrate: -

From: _____

To: _____

Signature: _____

Date: _____

Consent of the Relieving Principal:

I do verify the above statement and recommend this application for NOC

Relieving Principal: _____ Date _____ Signature _____ Stamp _____

Consent of the Accepting Principal:

I hereby accept the above student

Accepting Principal: _____ Date _____ Signature _____ Stamp _____

FEE

1 Application Processing fee

Rs.25,000/-

All draft shall be made in favor of "Fazaia Medical College, Islamabad."

✓ Check List

1. Copy of CNIC
2. PM&DC student registration Certificate
3. NUMS/MDCAT Result
4. Copies of Matric, F.Sc / IBCC equivalent certificate
5. Two Color photographs (passport size)
6. NOC from Relieving Institute
7. A bank draft/pay order/Bank deposit slip of Rs _____ No. _____
Dated _____
Name of issuing bank & branch _____

Note: It is mandatory for both institutions to inform PM&DC about leaving & joining of the above mentioned student when it materializes. The accepting college shall apply to PM&DC for issuance of a new student registration No. and shall not exceed its PM&DC allocated strength of the same batch.

1. The Principal accepting college will inform at letterhead that he/she is accepting against a registered Medical/Dental student. The college will send request to cancel the registration before accepting the new student
2. After admission in accepting Medical/Dental college, it is binding that accepting college will also inform PM&DC

FOR USE OF REGISTRAR OFFICE ONLY

RECEIVING DATE: _____

COLLEGE REGISTRATON ID:

PM&DC STUDENT REGISTRATION NO:

CASE APPROVAL VIDE: _____ DATED: _____

CASE SUBMITTED TO PM&DC DATED: _____

PROCESSED BY: _____