



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				

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 Migration fee

Rs.15,000/-

All draft shall be made in favor of "Air University, Islamabad"

✓ Check List

1. Copy of CNIC
2. PMC student registration Certificate
3. Copies of Matric, F.Sc./ IBCC equivalent certificate
4. Two Color photographs (passport size)
5. NOC from Relieving Institute
6. NOC from Accepting 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 PMC about leaving & joining of the above mentioned student when it materializes. The accepting college shall apply to PMC for issuance of a new student registration No. and shall not exceed its PMC 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 PMC

FOR USE OF REGISTRAR OFFICE ONLY

RECEIVING DATE: _____

COLLEGE REGISTRATON ID:

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PMC STUDENT REGISTRATION NO:

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CASE APPROVAL VIDE: _____ DATED: _____

CASE SUBMITTED TO PMC DATED: _____

PROCESSED BY: _____