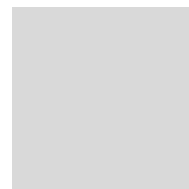




HBS MEDICAL & DENTAL COLLEGE ISLAMABAD, PAKISTAN

APPLICATION FORM FOR TRANSFER/MIGRATION



The Principal
HBS Medical & Dental College,
Islamabad

App #: _____

I am MBBS/BDS student of _____ year of _____ College _____ University

My particulars are as under:

Personal Data

Name of Applicant:		PMC Registration #	
Father's Name:		Domicile:	
Full Postal Address of Applicant		Permanent Address of Applicant:	
Email Address:		Mobile Number:	
Date Of Birth:		Place Of Birth:	
Student CNIC:		Nationality:	
Student CNIC issuance date:		Religion:	

Father's/Guardian's Details

Father's Name:		Phone (Res):	
Profession/Occupation:		Mobile Number:	
Designation:		Email Address:	
Permanent Address			

Mother's Details

Mother's Name:		Phone (Res):	
Profession/Occupation:		Mobile Number:	
Designation:		Email Address:	
Permanent Address			

Educational Qualification

Certificate/ Qualification	Name of Diploma	Passing year	Obt.Marks/ Total Marks	Percentage	Name of School/College/Board/Uni

3 Science Subject Marks

Bio Obtained/Total	Chemistry Obtained/Total	Physics or Maths Obt./ Total	Aggregate

MDCAT DETAILS

Title	Obtained Marks	Total Marks	Percentage	MDCAT Roll #	MDCAT Year

Date of Admission: _____

Last Exam Passed: _____

Is the Institution following the PMC prescribed

Curriculum and Scheme of Examinations (Yes/No*)

*Provide certified copy of University Curriculum with migration request.

First Year (Title of Examination) College _____ University: _____					
S No.	Subjects/Blocks	Credit/Study Hours Allocated	Credit/Study Hours Attended	Marks/ Result	Number of Attempts

Second Year (Title of Examination) College _____ University: _____					
S No.	Subjects/Blocks	Credit/Study Hours Allocated	Credit/Study Hours Attended	Marks/ Result	Number of Attempts

Third Year (Title of Examination) College _____ University: _____					
S No.	Subjects/Blocks	Credit/Study Hours Allocated	Credit/Study Hours Attended	Marks/ Result	Number of Attempts

Fourth Year (Title of Examination) College _____ University: _____					
S No.	Subjects/Blocks	Credit/Study Hours Allocated	Credit/Study Hours Attended	Marks/ Result	Number of Attempts

Certified by Head of Institution.

Copies of Matric, FSc/IBBC Equivalence Certificate, PMC Student Registration Certificate, and all Professional Results duly attested by the Principal are enclosed.

Kindly allow me to migrate from _____

Reason being _____

Name _____

_____ Date: _____

Student Signature

Parent/Guardian Signature