

**WOMEN 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.	Ist Prof.			
4.	2 <sup>nd</sup> Prof.			
5.	3 <sup>rd</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