APPLICATION FOR TRANSFER / MIGRATION TO

FRONTIER MEDICAL & DENTAL COLLEGE

Paste your Pic here

Intended Program / College of Transfer:

1. Program (MBBS/BDS) _____College_____

2. Year _____

Personal Data: (Type or write in Block Letters)

3. Name: _____ Male / Female (please tick)

4. Date of Birth _____ 5. Nationality: _____

6. C.N.I.C/NICOP#: _____ Passport No: _____

7. PMC Students Registration no: _____

8. Fathers' Name: _____

9. Present Postal Address _____

_____

10. Telephone No. _____ Mobile No._____

E-mail_____ Fax No. _____

11. Permanent Address: _____

_____

12. Name of Present Institution / Affiliated University _____

_____

PMC Status: Recognized / Not Recognized (please tick)

13. Basis of Admission (please tick / specify)

a. Open Merit b. Quota Seat c. Any other _____

Present Session: _____ **Mode of Study**: Annual / Semester_____

14. Have you applied in MBBS or BDS undergraduate program on basis of the following:

(please tick all which are appropriate)

a. MDCAT

b. NUMS Entry Test basis.

If yes, please give following details: -

a. MDCAT Registration No. _____Year of applying _____

MDCAT Marks: _____

PMC Merit score: _____ PMC Merit Standing: _____

b. NUMS Registration/Roll No _____ Year of applying _____

NUMS Entry Tests Marks: _____ NUMS Merit position: _____

15. Have you ever applied for transfer to BUM&DC or other Medical and Dental college before:

a. Yes

b. No

If yes when? _____To, which college and program? _____

What was the decision? _____

16. Academic Data (Provide transcripts and reports of all results)

Degree/ Cert	Name of School/ College/ University	From	To	Division GPA/ Grade	Marks Obtained (in%)	Major Subjects
Matric O' Levels Others						
FA/F.Sc A' Levels Others						
Others (Specify)						

17. Record of Performance at Medical / Dental College:

Examinations	Years	Annual/ supplementary	Marks obtained/Max. marks	Number of Attempts
1st professional MBBS/BDS	From: To:			
2nd professional MBBS/BDS	From: To:			
3rd professional MBBS/BDS	From: To:			
4th professional MBBS	From: To:			

18. **Academic Achievements:**

Distinctions, awards and other recognitions of academic achievements (Please indicate the basis of selection and date of each listing).

_____
_____
_____

19. **Reasons of Transfer** (Be specific and to the point. Clearly indicate changes in circumstances, which render it difficult for you to continue education in your present institution)

_____
_____
_____

20. **Undertaking**:

I have read the details given in the application form for the transfer of students. I hereby apply for admission to _____as a transfer student and certify that, to the best of my knowledge, all the above statements are complete and correct. I also declare that I have never been involved in any illegal activities. I understand that any attempt to influence the admission process or providing false or incomplete information would result in my disqualification or dismissal from the program at any stage. I agree to abide by all the rules and regulations of _____. I also understand that upon admission I will be required to pay the admission fee, security deposits and all other prescribed emoluments and tuition fee on pro-rota basis within the prescribed time.

Applicant's Signature: _____

Date: _____ Applicant's name: _____

21. **Declaration by Father/Guardian of The Applicant:**

I hereby declare that this application of transfer is being submitted with my consent and I agree to honor my responsibilities in this regard.

Dated: _____ Signature of the Father/Guardian _____

22. **Character Certificate from where Transfer is being made:**

Certified that the applicant bears good moral character and has not been debarred from taking University examinations or suspended or not expelled or rusticated from University or Institution from which he/she intends to migrate and that no disciplinary action is pending against him/her. The applicant has never been involved in any indiscipline or unfair means during his/her stay at this Institution. I also certify that the applicant was not admitted against any reserved seat for special categories.

Signed by:
Principal/Vice-Principal/Registrar
(with Official Seal)

Date: _____

Please attach following documents with the transfer form: -

a. Official transcript of last program studied at parent university.
b. Photo copies of marks sheets of Matric and FSc/equivalent examinations.
(equivalence certificates from IBCC, Pakistan in case of O/A level/ equivalent exams).
c. MDCAT and NUMS result
d. Clearance certificate by the previous institution.
e. Detailed course outlines of the courses already studied.
f. Bank Draft amounting to Rs. 5000/- (Rupees five thousand) in favor of concerned Constituent / Affiliated Medical or Dental College as processing fee (non-refundable).
g. Passport size Photograph
h. Copy of CNIC
i. Health Certificate
j. Vaccination Certificate

***Note: a. Incomplete applications will not be entertained. So please do not leave any field blank*. Write on extra sheet, if required and attach with the application.**
b. *Duly completed transfer form along with above-mentioned documents may be forwarded to Principal of concerned Constituent / Affiliated Medical or Dental College.*

23. The case for transfer from above mentioned institution to our Medical/Dental College has been critically examined by the committee and it is recommended that transfer of student Mr./Miss_____ be accepted / not-accepted to join _____year with MBBS/BDS (please strike which is not applicable)

RECOMMENDED / NOT RECOMMENDED

Signatures of
Principal/ Dean
(with Official Seal)

Dated: _____