

**FOUNDATION UNIVERSITY ISLAMABAD
APPLICATION FORM FOR MIGRATION
(FOR STUDENTS MBBS)**

Instructions: Use capital letters and do not leave any column unfilled.

1. Programme: MBBS 2. PM&DC Registration No. _____
(Tick the relevant)
3. Transfer from: _____
(Institution / University)
4. Name: _____ 5. Father's Name: _____
6. Date of Birth: _____ 7. Nationality: _____
8. CNIC / NICOP No: _____
9. Postal Address: _____
10. Mobile No: _____ 11. Email: _____
12. **Academic Data:**

Qualification	Name and Location of School / College / University	From	To	Division GPA / Grade	Marks Obtained (In %)	Major Subjects taken
Matric / O Level / Equivalent						
FSc / A Level / Equivalent						
1 st Professional MBBS						
2 nd Professional MBBS						
3 rd Professional MBBS						

13. **Reasons for Transfer** (Be specific and to the point. Indicate in circumstances, which render it difficult for you to continue education in your present institution)

14. **Attach the following documents: -**

- Copy of Matric Certificate / O Level / Equivalent (Attested by IBCC)
- Copy of FSc Certificate / A Level / Equivalent (Attested by IBCC)
- Attested Copy of Entry Test Results NUMS & PM&DC
- Attested Professional Examinations Results of 1st Prof, 2nd Prof & 3rd Prof
- Attested Copy of Domicile
- Attested Copy of CNIC of Candidate
- Attested Copy of CNIC of Father / Guardian
- Attested Copy of Pension book in case of Armed Forces Retired Personnel
- Serving Certificate in case of Armed Forces Serving Personnel
- Bank Paid Challan / Pay Order / Bank Draft of processing fee **(Non-Refundable)**

Rs. 10,000/- in favor of **Foundation University Islamabad**

*** Application form will not be accepted without the above-mentioned documents**

15. After confirmation of seat in MBBS from FUI, the candidate is required to provide NOC from the relieving College within one week otherwise, the seat will be offered to the next candidate in the waiting / on merit.

16. Declaration by Father/Guardian of the Applicant:

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

Dated: _____ Signature of the Father / Guardian _____ Phone No: _____

17. Undertaking by the student: I _____ have read the details given in application form for Migration of students. I hereby apply for admission to the MBBS / BDS programme at FUI as a Migration 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 activity. I understand that any attempt to influence the admission process or provide false or incomplete information would result in any disqualification or dismissal from the programme at any stage.

Dated: _____ Signature of the Applicant _____