



## NUST School of Health Sciences

NUST University, Sector: H-12, Islamabad, Pakistan.

### **APPLICATION FORM FOR MIGRATION**

Please paste one  
passport size  
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#### Students' Information:

Full Name: *(As in metric certificate)* \_\_\_\_\_

National I.D No. 'or' B-Form No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Domicile: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Day/Month/Year) Gender: Male / Female

Nationality: \_\_\_\_\_ Email: \_\_\_\_\_

#### Father's / Guardian's Information:

Full Name: *(As in metric certificate)* \_\_\_\_\_

National I.D No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Occupation: \_\_\_\_\_ Designation: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship in case of Guardian: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Parent Institution: \_\_\_\_\_

Address of Institution: \_\_\_\_\_

Name of Parent University: \_\_\_\_\_

PM&DC Status: Recognized  Not Recognized  (documentary evidence must be provided)

Affiliating University HEC Recognition Status: Recognized  Not Recognized  (documentary evidence must be provided)

Any diagnosed disease: Yes  No

Any disability: Yes  No

**Academic Record:**

**Record of performance at Parent Medical College:**

Date of Admission: \_\_\_\_\_ Last Exam Passed: \_\_\_\_\_

Name of Examination	Year	Annual / Supplementary	Marks obtained / Max. marks	Percentage	Number of Attempts
1 <sup>st</sup> Professional MBBS	From: _____ To: _____				
2 <sup>nd</sup> Professional MBBS	From: _____ To: _____				
3 <sup>rd</sup> Professional MBBS	From: _____ To: _____				
4 <sup>th</sup> Professional MBBS	From: _____ To: _____				
5 <sup>th</sup> Professional MBBS	From: _____ To: _____				

Migration Sought at what level: \_\_\_\_\_

Reasons for seeking Migration: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Type of curriculum:**

Please select all that apply:

- 1. Integrated modular curriculum
- 2. Traditional curriculum

**Name of Subjects studied:**

Subjects in 1<sup>st</sup> Year: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_ (5) \_\_\_\_\_

(6) \_\_\_\_\_ (7) \_\_\_\_\_ (8) \_\_\_\_\_

Subjects in 2<sup>nd</sup> Year (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_ (5) \_\_\_\_\_

(6) \_\_\_\_\_ (7) \_\_\_\_\_ (8) \_\_\_\_\_

Subjects in 3<sup>rd</sup> Year: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_ (5) \_\_\_\_\_

(6) \_\_\_\_\_ (7) \_\_\_\_\_ (8) \_\_\_\_\_

**Subjects in 4<sup>th</sup> Year** (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_ (5) \_\_\_\_\_

(6) \_\_\_\_\_ (7) \_\_\_\_\_ (8) \_\_\_\_\_

**Subjects in 5<sup>th</sup> Year** (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_ (5) \_\_\_\_\_

(6) \_\_\_\_\_ (7) \_\_\_\_\_ (8) \_\_\_\_\_

### Documents (to be attached)

S.#	DETAILS	YES / NO
1	Passport Size Photograph	
2	Copy of National Identity Card of Student	
3	Copy of SSC, HSSC Certificate / Equivalence Certificate	
4	Good standing certificate from the parent institution	
5	Copy of result card – 1 <sup>st</sup> year Annual Professional MBBS examination	
6	Copy of result card – 2 <sup>nd</sup> year Annual Professional MBBS examination	
7	Copy of National Identity Card of Father	
8	Attendance Record (from previous institute)	
9	Module results / Internal Assessment results	
10	Medical Fitness Certificate by Physician	
11	Application Processing fee	

### Declaration by the Candidate

I declare that the above information supplied by me is correct. I have read and understood the college admission procedure. I agree to abide by the rules and regulations of NUST School Health Sciences about selection, discipline and other academic affairs. I assure you that I have adequate financial resources to support my studies at NUST School of Health Sciences for the study years.

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Parent's/ Guardian's Signature

#### **For official use:**

Migration Accepted  Against: \_\_\_\_\_ PMDC /PMC No: \_\_\_\_\_

Date of Joining \_\_\_\_\_ Accepted in the year \_\_\_\_\_

Current Class strength \_\_\_\_\_ Fee submission details: \_\_\_\_\_

Remaining Documents: \_\_\_\_\_

Comments: \_\_\_\_\_

#### **Signatures of School Official:**

\_\_\_\_\_  
Student Affairs

\_\_\_\_\_  
Dean / Principal

Migration Rejected

Reason: \_\_\_\_\_