

KHYBER MEDICAL UNIVERSITY, PESHAWAR

APPLICATION FORM FOR INTER UNIVERSITY

MIGRATION CERTIFICATE

University Registration No:

Name of University to which migration is sought: _____

1. Name (In block letters) _____

2. Father's Name (In block letters) _____

3. Address for correspondence _____

_____ Phone No. _____

4. Name of the Highest Examination Availed _____

Session _____ Annual/Supply _____ Roll No. _____

Result (Passed/Failed) _____

5. N.I.C NO.

(Attach Attested Copy)

6. Name of Institution last attended _____ OR

District from which last examination passed _____

7. Fee remitted Rs. _____ Vide Bank Receipt No. _____ Dated _____

(Attach Receipt)

Dated: _____

Signature of Applicant _____

Head of Institution Name & Signature

FOR OFFICE USE ONLY

Checked by

Counter Checked

Signed by

Supdt.

ACE

DCE

INSTRUCTIONS

1. Please fill the particulars in your own handwriting.
2. The office will not be responsible for delay if the form is incomplete.
3. Fee for Migration Certificate is Rs. 100/-.
4. Attach DMC of last examination passed.
5. Original NIC of the applicant & recipient along with this slip must be produced at the time of receiving the Migration Certificate.

ACKNOWLEDGEMENT

Received application form of Mr/Miss/Mrs _____

S/O, D/O _____ Reg.No _____

Date of issue _____

IMPORTANT NOTE:

The applicant must read the instructions before submitting the form.

Dealing Assistant
Khyber Medical University,
Peshawar.