

# 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.