



# Air University

## MIGRATION FORM FOR CONSTITUENT MEDICAL COLLEGES (MBBS PROGRAM)

Attach two recent  
photographs here.

Form will be filled in Capital letters only

✓ Tick the relevant Box (all sections are mandatory)

SELECT YOUR DESIRED COLLEGE	
FAZAIA MEDICAL COLLEGE, ISLAMABAD <input type="checkbox"/>	FAZAIA RUTH PFAU MEDICAL COLLEGE, KARACHI <input type="checkbox"/>
NAME: _____	
FATHER NAME: _____	
STUDENT REGISTRATION NUMBER: _____	COLLEGE : _____ UNIVERSITY: _____
MALE <input type="checkbox"/>	
FEMALE <input type="checkbox"/>	
POSTAL ADDRESS: _____ _____	
CITY: _____	DISTRICT: _____
PROVINCE: _____	COUNTRY: _____
EMAIL: _____	MOBILE: _____

### Detail of Professional Study

Year	Name of college	Period		University
		From	To	
1 <sup>st</sup> Year				
2 <sup>nd</sup> Year				
3 <sup>rd</sup> Year				

Kindly allow me to migrate:-

From: \_\_\_\_\_

To: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Consent of the Relieving Principal:

I do verify the above statement and recommend this application for NOC

Relieving Principal: \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Stamp \_\_\_\_\_

### Consent of the Accepting Principal:

I hereby accept the above student

Accepting Principal: \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Stamp \_\_\_\_\_

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**FEE**

1 Migration fee

Rs.15,000/-

*All draft shall be made in favor of "Air University, Islamabad"*

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**✓ Check List**

1. Copy of CNIC
2. PMC student registration Certificate
3. Copies of Matric, F.Sc./ IBCC equivalent certificate
4. Two Color photographs (passport size)
5. NOC from Relieving Institute
6. NOC from Accepting Institute
7. A bank draft/pay order/Bank deposit slip of Rs \_\_\_\_\_ No. \_\_\_\_\_  
Dated \_\_\_\_\_  
Name of issuing bank & branch \_\_\_\_\_


  

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**Note:** It is mandatory for both institutions to inform PMC about leaving & joining of the above mentioned student when it materializes. The accepting college shall apply to PMC for issuance of a new student registration No. and shall not exceed its PMC allocated strength of the same batch.

1. The Principal accepting college will inform at letterhead that he/she is accepting against a registered Medical/Dental student. The college will send request to cancel the registration before accepting the new student
2. After admission in accepting Medical/Dental college, it is binding that accepting college will also inform PMC

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**FOR USE OF REGISTRAR OFFICE ONLY**

RECEIVING DATE: \_\_\_\_\_

COLLEGE REGISTRATON ID:

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PMC STUDENT REGISTRATION NO:

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CASE APPROVAL VIDE: \_\_\_\_\_ DATED: \_\_\_\_\_

CASE SUBMITTED TO PMC DATED: \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_

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