



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 st Year				
2 nd Year				
3 rd 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 _____

