



THE GREEN INTERNATIONAL UNIVERSITY
ABU UMARA MEDICAL AND DENTAL
COLLEGE (A Constituent College)



MIGRATION FORM FOR MBBS

PERSONAL INFORMATION

STUDENT NAME:

FATHER NAME:

CONTACT NO: -

EMAIL ID: GENDER:

CNIC NO: - -

Paste Passport Size
Picture Here
(White Background)

POSTAL ADDRESS: _____

REASON OF MIGRATION: _____

ACADEMIC DETAILS

Domicile: _____

PROGRAM: _____ MIGRATION SOUGHT FOR THE YEAR (Please Tick):
 1st Year 2nd Year 3rd Year 4th Year 5th Year

MIGRATION FROM/TO (COLLEGE NAME): _____

MATRIC/EQUIVALENT TOTAL MARKS: _____ MATRIC/EQUIVALENT OBTAINED MARKS: _____

FSC / EQUIVALENT TOTAL MARKS: _____ FSC / EQUIVALENT OBTAINED MARKS: _____

MDCAT TOTAL MARKS: _____ MDCAT OBTAINED MARKS: _____

ADD PROFESSIONAL EXAMINATION DETAIL AS APPLICABLE

1ST PROF TOTAL / OBTAINED: / 2ND PROF TOTAL / OBTAINED: /

3RD PROF TOTAL / OBTAINED: / 4TH PROF TOTAL / OBTAINED: /

FINAL PROF TOTAL / OBTAINED: /

- ❖ Please read the migration rules displayed on college website.
- ❖ You are required to attach photocopy of Matric or Equivalent, Fsc or Equivalent, MDCAT result, all professional results, No Objection Certificates from releasing college and university, CNIC of father and candidate, Domicile.
- ❖ Incomplete form will not be entertained.

Signature: _____

Date: _____