

PHOTOGRAPH

Application for migration/transfer to School of Dentistry

Program: BDS Year: Second

Name: _____ Gender: _____

Father Name: _____ Father CNIC _____

Student CNIC: _____

Date of Birth: ___/___/___ ID Issuance: ___/___/___

Student's Cell No. _____ Father's Cell No. _____

Students E-mail Address _____

Residence Phone No: _____ any disability: _____

Domicile: _____ Province: _____ District: _____ Nationality: _____

Current Address: _____

Permanent Address: _____

Academic Information

	Total marks	Obtained marks	percentage	Year	Attempt
First Professional					
Institute Name					
University Name					

Copies of academic documents provided: Yes / No (please tick the documents attached)

HSSC mark sheet HSSC certificate SSC mark sheet SSC certificate

A/O level equivalence Disability certificate Domicile ID card

First Professional Transcript/mark sheet

Student Signature _____

Date _____