



# **SHAHEED ZULFIQAR ALI BHUTTO** **MEDICAL UNIVERSITY**

## **REQUEST FORM FOR NOC/MIGRATION CERTIFICATE**

**The Registrar,**

Shaheed Zulfiqar Ali Bhutto Medical University,

Islamabad.

I request for issuance of NOC/ Migration Certificate and my particulars are as under:

Name of Applicant: \_\_\_\_\_

Father's Name: \_\_\_\_\_

CNIC: \_\_\_\_\_ Uni. Registration # \_\_\_\_\_

Mobile # \_\_\_\_\_ Email: \_\_\_\_\_

Institute Name: \_\_\_\_\_

Program: \_\_\_\_\_ Session: \_\_\_\_\_

Name of last examination passed: \_\_\_\_\_

Name of the University \_\_\_\_\_  
(in which the candidate wants to migration)

Reason for NOC: \_\_\_\_\_

Migration Fee paid vide Challan/Receipt no \_\_\_\_\_ Dated \_\_\_\_\_

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

Signature of Applicant: \_\_\_\_\_

**Recommendation of the Principal/Head of Department / Dean**

Official stamp & Signature: \_\_\_\_\_

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### **INSTRUCTIONS**

- Fee for NOC/ Migration Certificate is Rs. 2200/-
- Request form should come through the Principal / Head of Department / Dean.
- Candidate should provide attested photocopies of the Degree/Transcript and National Identity Card.
- The original receipt of deposited fee should also be attached.
- All the particulars should be carefully filled in by the applicant.
- The office will not be responsible for any delay in case the request form is incomplete.