



**SCHOOL OF DENTISTRY
SHAHEED ZULFIQAR ALI BHUTTO
MEDICAL UNIVERSITY**



Request Form for NOC for Migration of Undergraduate Student (BDS Programme)

The Principal,
School of Dentistry, SZABMU, Islamabad.

Kindly allow me to migrate

From _____ to _____

Reason being _____

Student Name: _____

Father's Name: _____

CNIC: _____ Date of Birth: _____

PM&DC Registration No: _____ Domicile: _____

Postal Address: _____

Mobile: _____ Email: _____

Transfer From

College Name: _____

University Name: _____

Academic Record

Year	Name of School/College	From	To	Obtained Marks	Total Marks	Percentage
Matric / O Level / Equivalent						
FSc / A Level / Equivalent						
MDCAT Result						
1 st Year BDS						
2 nd Year BDS						
3 rd Year BDS						

DETAILED TRANSCRIPT OF STUDENT REQUESTING MIGRATION

Name: _____

Father's Name: _____

Name of College: _____

Name of University: _____

Date of Admission: _____

Last Exam Passed: _____

Is the Institution following the PM&DC prescribed

Curriculum and Scheme of Examinations

(Yes/No)*

**Provide certified copy of University Curriculum with migration request.*

First Year (Title of Examination)					
S No.	Subjects/Blocks	Credit/Study Hours Allocated	Credit/Study Hours Attended	Marks/Result	Number of Attempts

Second Year (Title of Examination)					
S No.	Subjects/Blocks	Credit/Study Hours Allocated	Credit/Study Hours Attended	Marks/Result	Number of Attempts

Third Year (Title of Examination)					
S No.	Subjects/Blocks	Credit/Study Hours Allocated	Credit/Study Hours Attended	Marks/Result	Number of Attempts

Certified by Head of Institution/college

Attach the Following Documents:

- Copy of IBCC Attested Matric Certificate / O Level / Equivalent.
- Copy of IBCC Attested FSc Certificate / A Level / Equivalent.
- Attested Copy of MDCAT result.
- Attested Copy of Domicile.
- Attested Copy of CNIC (Candidate).
- Attested Copy of CNIC (Father / Guardian).
- FGE Certificate as per specimen in Case of FGE Quota.
- Admission/Joining letter of previous college.
- Attested Copy of passed Professional Exam (Detailed Transcript/Result Cards) and details of the curriculum covered.
- Attendance Record 75% (Duly Verified by the Principal)

Instructions:

- No migration is permissible from Private Sector to Public Sector and vice versa.
- Complete documents require to be submitted to the Principal Office before 04-06-2026 02:00pm
- Prescribed application form can be downloaded from the School of Dentistry website <https://sod.szabmu.edu.pk/>
- Incomplete applications or applications received after due date shall not be entertained.
- Last date for submission of application is 04-06-2026

Undertaking by the Student:

I _____ have read the details given in application form for Migration of students. I hereby apply for admission to the BDS programme at School of Dentistry as a Migration student and certify that, to the best of my knowledge, all the above statements are complete and correct. I also declare that I have never been involved in any illegal activity. I understand that any attempt to influence the admission process or provide false or incomplete information would result in any disqualification or dismissal from the programme at any stage.

Dated: _____ Signature of the Applicant _____