

CMH MULTAN INSTITUTE OF MEDICAL SCIENCES (CMC), MULTAN APPLICATION FORM FOR TRANSFER – MBBS STUDENTS

Name:						Father Name:							
CNIC No:						Program (MBBS or BDS):							
Category of seat on which admitted i.e Open Merit,						Foreign, W&R Dte GHQ quota (PC, Shaheed, Self							
Fin) or any	other c	juota (please :	specify cl	early)	:								
Admission Year/Session:						Present Class/Year:							
Present Cla	ass Cor	mmencement	date:										
		which studyir											
	_		_										
						ian :WhatsApp No:							
Email Address:													
Exam / Tes	st Resu	ılts (whichev	er applic	able):									
		tudents (whe		cable)					T				
Exam / Test		Conducting Authority	Roll N	Λ	Total Iarks	Obtained Marks		%ag	e Year Passi		Romarks		
Matric/Equal													
FSc / Equal													
MDCAT (NUMS)													
*MCAT (USA)													
*UCAT (UK)											*If applicable		
*NEB			Total Ag	urena	to								
b. For Stu	dents	of 3 rd Year M											
Exam (whichever applicable)		enducting authority	Roll No	Tota Mark		Obtained Marks		age	Year of Passing	No of Distinctions		No of Attempts	
1 st Prof													
2 nd Prof													
3 rd Prof													
4 th Prof													
NEB													
Reason of	f Tran	sfer:											
A 44 = -1 -:													

Attachments:

- 1. Photocopies of all **result sheets/certificates** of applicable Professional Exams duly attested by the Principal of respective college.
- 2. Photocopies of Matriculation & FSc Result Cards / Certificates.
- 3. Photocopy of relevant MDCAT result card.
- 4. Photocopy of CNIC / NICOP / Passport (whichever applicable)
- 5. *Any evidence documents of **Distinctions** (if applicable).
- 6. *Any evidence documents in case ward of Army Persons.

*Marks of Distinctions / Ward of Army will only be considered for merit formulation if any evidence is provided.