



CMH KHARIAN MEDICAL COLLEGE (CKMC) APPLICATION FOR TRANSFER – MBBS STUDENTS

Name: _____ Father Name: _____

CNIC No: _____ Program (MBBS or BDS): _____

Seat Category on which admitted (please specify clearly): _____

Admission Year/Session: _____ Present Class: _____

Cell No Student: _____ Cell No. Father/Mother: _____

Email Address: _____ Home District: _____

Postal Address: _____

Admitting College: _____ Admitting University: _____

Admitting College/University Merit Formulation Criteria (Weightage Formula):

FSc Weightage _____ NMDCAT Weightage _____ Entry Test Weightage _____

Interview Mks _____ Any other (please specify) _____

Exam / Test Results (whichever applicable):

a. For 1st Year Students

Exam / Test	Conducting Authority	Roll No	Total Marks	Obtained Marks	%age	Year of Passing	Weightage as per Policy of Admitting College / University
FSc / Equal							
NMDCAT							
NUMS Entry Test							
Hafiz e Quran							
SAT-II							
NEB							
Total Aggregate							

b. For Students of 2nd Year & Above

Exam / Test	Conducting Authority	Roll No	Total Marks	Obtained Marks	%age	Year of Passing	No of Distinctions	No of Supplies
1 st Prof								
2 nd Prof								
3 rd Prof								
4 th Prof								
NEB								

Reason for Transfer : _____

Attachments:

1. Photocopies of all **applicable result sheets / certificates** duly attested by the Principal of respective college.
2. Any evidence documents of **Distinctions** (if applicable).
3. Any evidence documents in case **ward of Army Persons**.