



**CMH MULTAN INSTITUTE OF MEDICAL SCINECES (CIMS)  
APPLICATION FORM FOR TRANSFER – MBBS / BDS STUDENTS**

Name: \_\_\_\_\_ Father Name: \_\_\_\_\_

CNIC No: \_\_\_\_\_ Program (MBBS or BDS): \_\_\_\_\_

Please specify clearly (whether admitted on Open Merit or quota seat): \_\_\_\_\_

Admission Year/Session: \_\_\_\_\_ Present Class: \_\_\_\_\_

Present College in which studying: \_\_\_\_\_

University to which affiliated: \_\_\_\_\_

Cell No Student: \_\_\_\_\_ Cell No. Father/Mother: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home District: \_\_\_\_\_

Postal Address: \_\_\_\_\_

**Weightage Formula for Merit Formulation according to which present admission was done:**

FSc Weightage \_\_\_\_\_ NMDCAT Weightage \_\_\_\_\_ Entry Test Weightage \_\_\_\_\_

Interview Mks \_\_\_\_\_ Any Other (please specify) \_\_\_\_\_

**Exam / Test Results (whichever applicable):**

**a. For 1<sup>st</sup> Year Students**

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

**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 <sup>st</sup> Prof								
2 <sup>nd</sup> Prof								
3 <sup>rd</sup> Prof								
4 <sup>th</sup> Prof								
NEB								

**Reason:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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**.