





**1. PERSONAL DETAILS**

**(To be Filled in Capital Letters)**

Name of Applicant			
Father's Name			
CNIC / B.Form No.		Contact No.	
Date of Birth (As per SSC Certificate)		Religion	
Domicile (District Name)		Gender	
Mailing Address			
Permanent Address			

**2. CURRENT INSTITUTION INFORMATION**

Name of Present Institution (in which still studying)			
Name of Program/field (in which still studying)		Current Semester (in which still studying)	

**3. Reason of Migration:** \_\_\_\_\_

**4. EXAMINATION RECORD**

Semester	Total Marks/GPA	Obtains Marks/GPA	Percentage
First Semester			
Second Semester			
Third Semester			
Fourth Semester			
Fifth Semester			

**5. FEE PARTICULARS**

Bank Challan Number	Date of Deposit	Amount	Name of Branch / City
		25,000/- (Non-Refundable)	

\_\_\_\_\_  
**Applicant's Signature**

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



**6. LIST OF DOCUMENTS ATTACHED**

Sr. No.	Name of Document	Attached or Not (please tick the relevant Box)	
		YES	NO
i.	Application for migration addressed to the Worthy Vice Chancellor with Sound reasons and submit to office of the Registrar for processing		
ii.	Migration form is completely filled		
iii.	Passport size photograph		
iv.	Attested photocopy of Matriculation Certificate		
v.	Attested photocopy of F.Sc (Part-II) Certificate		
vi.	Attested photocopy of Domicile Certificate		
vii.	No objection Certificate from Parent University/Institute (From where the migration is being sought)		
viii.	Character Certificate (From where the migration is being sought)		
ix.	Attested photocopy of all detailed marks certificates / transcript		
x.	Detailed Syllabi / Courses of Reading / Scheme of Study (From where the migration is being sought)		
xi.	Original Challan Form		

**Note:**

- No Application will be entertained after commencement of second week of a regular semester.
- Incomplete Application will not be entertained.

Applicant's Signature

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



**FOR OFFICE USE ONLY**

Diary No. \_\_\_\_\_

Dated: \_\_\_\_\_

**7. REGISTRAR OFFICE**

i. Is the Application complete in all respects?	YES / NO
ii. Is the request Covered Under Migration Rules?	YES / NO
iii. Does the student meet the minimum requirement for the program to the extent of marks percentage of intermediate or bachelor, as the case may be, subject to availability of vacant seat in that program?	YES / NO
iv. Closing merit of that particular session?	

**Checked by**

Office Assistant

**Verified By**

Assistant Registrar  
Stamp and date

**8. Comments of the Migration Committee:**

i. Date of commencement of classes in which migration is being sought:
ii. 60 % of KFAT marks _____ + 40 % of Interview marks _____ = Applicant's total Percentage _____

**09. Evaluation of Subjects Previously Studies**

Sr. No.	Studied Previously			Equivalent Course at KFUEIT, RYK		
	Course Name	Credit Hours	Grade	Course Name	Course code	Credit Hours
1						
2						
3						
4						
5						
6						
7						



Sr. No.	Studied Previously			Equivalent Course at KFUEIT, RYK		
	Course Name	Credit Hours	Grade	Course Name	Course code	Credit Hours
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

**Note. Please attach all supporting documents.**

**Total Credit Hours Recommended for Exemption** \_\_\_\_\_

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

**HoD concerned or his representative not below PhD Faculty Member**



Remarks: (if any) \_\_\_\_\_

Recommendations: Suitable

Not Suitable

\_\_\_\_\_  
President

\_\_\_\_\_  
Member

\_\_\_\_\_  
Member

\_\_\_\_\_  
Member

\_\_\_\_\_  
Member/Secretary

**10. Comments of the Registrar**

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

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

\_\_\_\_\_  
Registrar  
With Official Stamp

**11. Comments of the Dean of Faculty**

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

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

\_\_\_\_\_  
Dean of Faculty

**12. Worthy Vice Chancellor**

Approved

Not-Approved

Remarks (if any): \_\_\_\_\_

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

\_\_\_\_\_  
Vice Chancellor