

UNITED MEDICAL & DENTAL COLLEGE

Karachi, Pakistan

APPLICATION FOR TRANSFER TO VACANT SEAT

Name of Student : _____ CNIC : _____

Name of Father : _____ CNIC : _____

MDCAT Score : _____ out of _____

FSc / A Level Score : _____ IBCC Equivalence % : _____

Current Medical College : _____

Existing Affiliating University Name : _____

Current Year of Study : _____

GPA : Year 1 _____ Year 2 _____ Year 3 _____ Year 4 _____ Year 5 _____

Wish to Transfer in Year (Circle) : 1 ____ 2 ____ 3 ____ 4 ____ 5 ____

CONTACT DETAILS :

Address : _____

Phone No _____ email : _____

Signature of Student

Signature of Parent

Date : _____