QUETTA INSTITUTE OF MEDICAL SCIENCES

Application for Transfer (MBBS Only)

Name: _____ **Father Name:** _____

Name of Medical College currently studying in: _____

Program of study: ☐ **MBBS** **Admission Session:** _____

Year of Study: _____ **Contact#** _____ , _____

Email: _____ **Postal Address:** _____

_____

Reason of Transferring to QIMS: 1. _____

2. _____

3. _____

Declaration

I,_____ S/D/o _____ Certify that the above information is correct. I have read and understood the terms and conditions of PMC / NUMS Transfer Policy. **If any Information is found incorrect at the time of transfer /subsequently during studies, I understand that my application/transfer/seat will be rejected / cancelled.** I agree to abide by the rules and regulations of the College. I have adequate financial resources to support my studies at the College. I have fully understood the College fee structure and would abide by the rulings. I will not object to any additional charges levied in the future by the Government, University, College & PMC.

Student Signature: _____ **Father Signature:** _____

CNIC / B-Form # ☐☐☐☐☐☐■☐☐☐☐☐☐☐■☐ **CNIC#** ☐☐☐☐☐■☐☐☐☐☐☐☐■☐

Date: _____ **Date:** _____

Checklist of Attachments

1	DMCs of all profession exams (1 copy each)	
2	Candidate CNIC / B-Form (1 copy)	
3	Father CNIC (1 copy)	
4	Admission Letter of Medical College currently studying in (1 copy)	
5	Domicile (1 copy)	
6	National Equivalence Board (NEB) Result (For Transfer from **Foreign** Medical College to QIMS) (1 copy)	
7	Documents submitted on email address: **admission.cell.qims@gmail.com**	
8	Documents submitted in hard copy to: Admission Cell QIMS Quetta Institute of Medical Sciences (QIMS) Chilton Road, Quetta Cantt 081-2822472 (Extension – 212)	