



**KOHAT UNIVERSITY OF SCIENCE & TECHNOLOGY
EXAMINATIONS SECTION**

Kohat-26000, Khyber Pakhtunkhwa, Pakistan Ph # 0922-554563-65, Fax # 554556

**APPLICATION FORM FOR OBTAINING
INTER COLLEGE MIGRATION CERTIFICATE**

Issuance Page No. _____

Dated: _____

1. Name of the Applicant (in capital block letters) _____
2. Father's Name (in capital block letters) _____
3. University Registration Number _____
4. CNIC No. _____ - _____ - _____
5. Name of Last Examination Passed/Failed _____
6. Year of Passing/Appearing _____ Roll No. _____
7. Name of the College where studying (A) _____

8. Name of the College to which Migration is Required (B) _____

9. Reason of Migration _____
10. Address _____

11. Contact No. _____ E-mail _____

Signature of Father/ Guardian

Signature of Applicant

<p>Remarks: Certified that the statements made by the student above are correct. Any other remarks vide para 2 of Instructions below.</p> <p>Seal and Signature of Principal College No. (A)</p>	<p>Remarks: I have no objection to this transfer and will admit the student to the _____ year Class if the migration is sanctioned.</p> <p>Seal and Signature of Principal College No. (B)</p>
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INSTRUCTIONS: (Please read the following before submission of the Application Form)

1. The student shall obtain the sanction of the College's Principal (s)he wishes to migrate.
2. If the applicant is detained/ has been degraded/ against whom any disciplinary action has been taken etc; the Principal should specifically mention this in his/her remarks
3. This form is to be sent through the Principal of the College, where the student is enrolled certifying the correctness of the statement made by the student.

Fee Schedule	
Same Day Collection Fee	After Two Days Collection Fee
Rs. 2000/-	Rs. 1000/-

(For Office Use Only)

Form received on: _____

Assistant (R&M) Superintendent (R&M) Asst./ Dy. Controller of Exam (R &M) Controller of Examinations

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Acknowledgement

Received application form for Inter College Migration Certificate from Mr./Ms. _____
_____ Son/ Daughter of _____
_____ Registration No. _____ on dated _____
Date on which to be issued _____

Dealing Assistant