



# Shifa College of Medicine

(A constituent College of Shifa Tameer-e-Millat University)  
STMU- NCBMS Campus, 75 Service Road South, Sector: H-8/4, Islamabad, Pakistan.  
mail: [studentaffairs.scm@stmu.edu.pk](mailto:studentaffairs.scm@stmu.edu.pk), Phone: 009251-8493007-3014

## APPLICATION FORM FOR ADVANCE PLACEMENT

Application No:

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Application for advanced placement in the year: 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> / 4<sup>th</sup> / 5<sup>th</sup>

### Student's Information:

Name: (As in metric certificate) \_\_\_\_\_

National I.D No. 'or' B-Form No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Domicile: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Day/Month/Year) Gender: Male / Female

Nationality: \_\_\_\_\_ Email: \_\_\_\_\_

### Father's / Guardian's Information:

Name: (As in metric certificate) \_\_\_\_\_

National I.D No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Occupation: \_\_\_\_\_ Designation: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship in case of Guardian: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Parent Institution: \_\_\_\_\_

Address of Institution: \_\_\_\_\_

Name of University: \_\_\_\_\_

PMC Status: Recognized  Not Recognized  (documentary evidence has to be provided)

Affiliating University HEC Recognition Status: Recognized  Not Recognized  (documentary evidence has to be provided)  
(an NOC will be required from the parent university, if a migration was approved)

**Academic Record:**

Name of Examination	Board / University/ Testing Authority	Year	Marks obtained / Max. marks	Percentage
MDCAT Result				
F.Sc or equivalent				
Others				

**Record of performance at Medical College:**

Date of Admission: \_\_\_\_\_ Last Exam Passed: \_\_\_\_\_

Name of Examination	Year	Annual / Supplementary	Marks obtained / Max. marks	Number of Attempts
1 <sup>st</sup> Professional MBBS	From: _____ To: _____			
2 <sup>nd</sup> Professional MBBS	From: _____ To: _____			
3 <sup>rd</sup> Professional MBBS	From: _____ To: _____			
4 <sup>th</sup> Professional MBBS	From: _____ To: _____			

Migration Sought at what level: \_\_\_\_\_

Reasons for seeking Migration: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Instructions for the Applicant**

- i. Applicants' parent medical college must be recognized by the PMC (with documentary evidence) and the affiliating university must be of good reputation and recognized by the Higher Education Commission, Pakistan (with documentary evidence).
- ii. The applicant must be in good standing with a 60% achievement.
- iii. The applicant must be able to join the College at the beginning of the session, if selected.
- iv. It is necessary for applicant to have cleared all Professional Examinations in first attempt (*supplementary case will not be considered*).
- v. Before admission, the applicant will be required to provide
  - a) NOC from the parent College / affiliating University
  - b) Copy of the "registration card" from PMC
- vi. On admission the applicant will be required to pay the Admission fee, security deposit and all other prescribed fee tuition fee on pro-rotata basis within the prescribed time. The applicant would also be required to deposit an amount prescribed by the University (Rs. 5,000) as application processing fee.

**Documents (to be attached):**

S.#	DETAILS	YES / NO
1	Passport Size Photograph	
2	Copy of National Identity Card of Student	
3	Copy of HSSC Certificate / Equivalence Certificate	
4	Copy of MDCAT resut	
5	Good standing certificate from the parent institution	
6	Copies of transcripts of all MBBS examinations (where required)	
7	Copy of National Identity Card of Father	
8	Attendance Record (from previous institute)	
9	Clinical Rotation Record (where required)	
10	Module/Block/Clinical Clerkship exam results( where no professional exam given)	
11	Health Certificate	
12	Vaccination Proof (if done)	

**Declaration by the Candidate**

I declare that the above information supplied by me is correct. I have read and understood the college prospectus and the admission procedure. I agree to abide by the rules and regulations of Shifa College of Medicine about selection, discipline and other academic affairs. I assure you that I have adequate financial resources to support my studies at Shifa College of Medicine for the full period of five years.

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Parent's/ Guardian's Signature

**For official use:**

Migration Accepted

Against: \_\_\_\_\_ PMC No: \_\_\_\_\_

Date of Joining \_\_\_\_\_

Accepted in the year \_\_\_\_\_

Current Class strength \_\_\_\_\_

Deadline of fee submission: \_\_\_\_\_

Remaining Documents: \_\_\_\_\_

Comments: \_\_\_\_\_

**Signatures of School Official:**

\_\_\_\_\_  
Advisor Student Affairs

\_\_\_\_\_  
Dean / Principal SCM

Migration Rejected

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