



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, Phone: 009251-8493007-3039

APPLICATION FORM FOR ADVANCED PLACEMENT

Application No:

S	C	M	/				/	2	0		
---	---	---	---	--	--	--	---	---	---	--	--

Please read the Advanced Placement policy (available on our website) carefully before filling out this form.

Please paste one
passport size
photograph here

Student's Information:

Full 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:

Full 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 Parent University: _____

PM&DC Status: Recognized Not Recognized (documentary evidence has to be provided)

Affiliating University HEC Recognition Status: Recognized Not Recognized (documentary evidence has to be provided)

Any diagnosed disease: Yes No

Any disability: Yes No

Academic Record:

Record of performance at Parent Medical College:

Date of Admission: _____ Last Exam Passed: _____

Name of Examination	Year	Annual / Supplementary	Marks obtained / Max. marks	Percentage	Number of Attempts
1 st Professional MBBS	From: _____ To: _____				
2 nd Professional MBBS	From: _____ To: _____				

Migration Sought at what level: _____

Reasons for seeking Migration: _____

Type of curriculum:

Please select all that apply:

- 1. Integrated curriculum
- 2. Modular curriculum
- 3. Subject based traditional curriculum
- 4. Semester system
- 5. Annual system

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

- 6. Any other (please specify) _____

Name of Subjects studied:

Subjects in 1st Year: (1) _____ (2) _____ (3) _____ (4) _____ (5) _____

(6) _____ (7) _____ (8) _____

Subjects in 2nd Year (1) _____ (2) _____ (3) _____ (4) _____ (5) _____

(6) _____ (7) _____ (8) _____

Documents (to be attached)

S.#	DETAILS	YES / NO
1	Passport Size Photograph	
2	Copy of National Identity Card of Student	
3	Copy of SSC, HSSC Certificate / Equivalence Certificate	
4	Good standing certificate from the parent institution	
5	Proof of Intimation for migration by the Principal	
6	Copies of result cards of first two Annual Professional MBBS examinations	
7	Copy of National Identity Card of Father	
8	Attendance Record (from previous institute)	
9	Module results / Internal Assessment results	
10	Medical Fitness Certificate by Physician	
11	Application Processing fee	

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: _____ PMDC /PMC No: _____

Date of Joining _____ Accepted in the year _____

Current Class strength _____ Fee submission details: _____

Remaining Documents: _____

Comments: _____

Signatures of School Official:

Advisor Student Affairs

Dean / Principal SCM

Migration Rejected

Reason: _____