



# Shifa College of Dentistry

## APPLICATION FORM FOR ADVANCE PLACEMENT

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Application No: 

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 (For Office use only)

Application for advanced placement in the year: 

II
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III
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IV
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### 1. Student's Information:

Name: (As in SSC/ GSCCE certificate) _____	
National I.D No. (CNIC) 'or' B-Form No: _____ - _____ - _____	
Domicile: _____	Mobile No: _____
Date of Birth: ____/____/____ (Day/Month/Year)	Gender: Male / Female
Nationality: _____	Email: _____

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

Name: (As in SSC/GSCCE certificate) _____	
National I.D No (CNIC) : _____ - _____ - _____	
Occupation: _____	Designation: _____
Tel: _____	Mobile No: _____
Email: _____	Relationship in case of Guardian: _____
Current Mailing Address: _____ _____	

### 3. Parent Institute's Information

Name of Parent Institution: _____	
Address of Institution: _____	
PMC Status of Parent Institute: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved (documentary evidence has to be provided) (An NOC will be required from PMC, if a migration will be approved)	
Affiliating University HEC Recognition Status: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved (documentary evidence has to be provided) (An NOC will be required from the parent university, if a migration will be approved)	

4. Any Diagnosed Disease:  Yes  No

5. Any Disability:  Yes  No

6. Any Disciplinary Action:  Yes  No

**7. Academic Record:**

Name of Examination	Board / University	Year	Marks obtained / Max. marks	Percentage
Matriculation or equivalent				
F.Sc or equivalent				
MDCAT Results				
Others				

**8. Record of performance at Parent Dental 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 BDS	From: _____ To: _____			
2 <sup>nd</sup> Professional BDS	From: _____ To: _____			
3 <sup>rd</sup> Professional BDS	From: _____ To: _____			

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

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

\_\_\_\_\_  
 \_\_\_\_\_

**9. Type of Curriculum at Parent Institute:**

Please select all that apply:

- Integrated Curriculum    
  Modular Curriculum    
  Subject based Traditional Curriculum  
 Semester System    
  Annual System    
  Other \_\_\_\_\_  
 (Please specify)

**10. Subjects studied at Parent Dental College:**

Year & Subject	1	2	3	4	5	6
1st Year						
2nd Year						
3rd Year						

## Instructions for the Applicant

- i. Applicants' parent Dental 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. It is necessary for applicant to have cleared all Professional Examinations in First Attempt (No supplementary case/result will be considered for Migration case)
- iv. Migration will not be accepted in First Year BDS.
- v. Before admission, the applicant will be required to provide
  - a) NOC from the affiliating University
  - b) Copy of the "registration card" from PMC

On admission the applicant will be required to pay the admission, tuition, security deposit and all other prescribed fee 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 (04)	
2	Domicile Copy	
3	Copy of SSC Certificate / Equivalence Certificate	
4	Copy of HSSC Certificate / Equivalence Certificate	
5	Copy of MDCAT Result	
6	Good standing certificate from the parent institution	
7	Copies of transcripts of all BDS examinations (where required)	
8	Copy of National Identity Card of Father/ Guardian	
9	Attendance Record (Parent Institute)	
10	Clinical Rotation Record	
11	Module/Block/Clinical Rotation Exam Results (where no professional exam has been given)	
12	Medical Certificate	
13	COVID Vaccination Proof + Any other 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, migration policy and the admission procedure. I agree to abide by the rules and regulations of Shifa College of Dentistry about selection, discipline, curriculum design, fee structure and other academic affairs.

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

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

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

#### For Office Use:

Received By: _____	Signatures: _____
Receiving Date _____	