Shifa College of Medicine

(A constituent College of Shifa Tameer-e-Millat University)
75- NCBMS Tower, Near FBISE Office, Service Road South, Sector: H-8/4, Islamabad,
Pakistan. Email: studentaffairs.scm@stmu.edu.pk, Phone: +92-51-8493007-8493039

APPLICATION FORM FOR ADVANCED PLACEMENT

Application No: | S | C | M | | | | | 2 | 0 | | |

Please paste one passport size photograph here

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

Student's Information:

Full Name: *(As in metric certificate)* _____

CNIC No. 'or' NADRA B-Form _____ - _____ - _____

Domicile City: _____ **Mobile No:** _____

Date of Birth: ____/____/____(Day/Month/Year) **Gender:** Male / Female

Nationality: _____ **Email:** _____

Father's / Guardian's Information:

Full Name: *(As in metric certificate)* _____

CNIC 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
1st Professional MBBS	From: To:				
2nd 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 ☐
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	Copy of result card – 1st year Annual Professional MBBS examination	
6	Copy of result card – 2nd year Annual Professional MBBS examination	
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: _____