



MOHI-UD-DIN ISLAMIC UNIVERSITY NERIAN SHARIF AJ&K

Transfer Form : Mohi-Ud-Din Islamic Medical College

Student Information

Name	Father's Name	CINC	Reg No	Session
Address	Tel No	E-mail	Prof Year	Date of Application

Transfer Details

From	To	Reason

Dated:

(Student Signature)

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For Office Use only

(Name/Sig of Receiving Official)

Date:

Comments by Chairman Transfer Committee:

Registrar