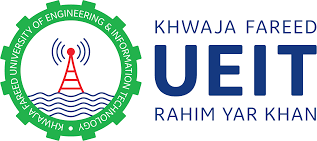
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Worthy Vice Chancellor Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Khwaja Fareed University of Engineering and Information Technology Rahim Yar Khan

Subject: Application for Migration from KFUEIT

Respected Sir,

I am a student of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Department) in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (College Name) which is affiliated to your university i.e. KFUEIT, RYK. But, due to (**Mention your Reason**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would request you to kindly grant me NOC certificate to proceed further for my admission.

Thanking You

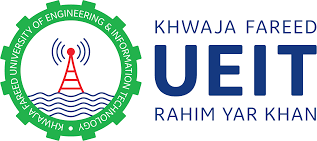
Yours Sincerely,

CNIC No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant Signature



**APPLICATION FORM FOR ISSUANCE OF NOC FOR MIGRATION**

1. **PERSONAL DETAILS (To be Filled in Capital Letters)**

|  |  |
| --- | --- |
| Name of Applicant |  |
| Father’s Name |  |
| Registration No. |  |
| Residence Address |  |

1. **APPLICATION INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Institution /University  (where candidate wants to migrate) |  | | |
| Name of Program/field  (in which he/she studying) |  | Current Semester  (in which still studying) |  |

1. **Reason of Migration:**
2. **Certificate to be issued by Head of Affiliated Institute / College**

I have no objection over the migration of the applicant. He / She is a bonafide student of the institution and his / her conduct is satisfactory. This is certified that the above student has cleared all the University dues and nothing is outstanding against him/her.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Head of Affiliated College

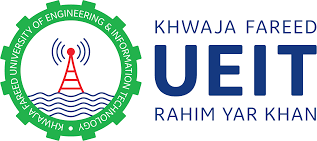
With Official Stamp

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **For Office Use Only** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **EXAMINATON RECORD**

|  |  |  |  |
| --- | --- | --- | --- |
| **Semester** | **Total Marks/GPA** | **Obtains Marks/GPA** | **Percentage** |
| First Semester |  |  |  |
| Second Semester |  |  |  |
| Third Semester |  |  |  |
| Fourth Semester |  |  |  |
| Fifth Semester |  |  |  |
| Sixth Semester |  |  |  |
| Seventh Semester |  |  |  |

**Controller of Examination**



1. **Recommendations of the Chairman Affiliation**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chairman Affiliation

1. **Recommendations of the Registrar**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Registrar

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1. **FEE PARTICULARS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Bank Challan Number** | **Date of Deposit** | **Amount** | **Name of Branch** |
|  |  | 5,000/-  (Non-Refundable) | First women bank |