Directorate of Admissions, University of Peshawar Khyber Pakhtunkhwa, Pakistan



Email: admissions@uop.edu.pk Contact: (92) 091-9221418 PBX: (92) 091-9216701 (Ext:3004)

MIGRATION APPLICATION FORM

1.	Applicant Full Name (in block letters):		
2.	Father Name (in block letters):		
3.	Applicant CNIC/Form-B Number:		
4.	Studying Program Name:	5. Semester:	
6.	Semester in which migration is sought:	7. Contact No:	

Signature (Father/Guardian)

Signature (Applicant)

Migration				
From	То			
College Name:	College Name:			
Remarks: Certified that the above-mentioned student details are correct, and I have no objection to his/her migration.	Remarks: I have no objection to his/her migration to this college/institute and he/she will fulfill all codal formalities, as prescribed by the University.			
Signature and Official Seal:	Signature and Official Seal:			

Attach copies of:

[1] Transcript (last attended)

[2] CNIC/Form-B

For Office Use Only				
Migration Fee Remittance vide Receipt No	Dated:	(Attach original deposit slip)		
Dealing Assistant Remarks:				
Dealing Assistant:	Superintendent:			
Assistant Registrar (Admissions):	Deputy Registrar (Admiss	ions):		

Director Admissions