



BUIITEMS

Quality & Excellence in Education

F-16/QSP/SAA/19

MIGRATION FORM

Past Picture Here

Program of Study _____

Personal Information (Write in Block Letters)

- Name : _____
- Date of Birth: Day Month Year
- Country of Citizenship: _____
- Gender : Male Female
- Marital Status: _____
- Native Language: _____
- Email ID : _____
- Blood Group: _____
- Contact #:: _____
- Land Line #: _____
- CNIC #::
- Permanent Address : _____
- Mailing Address: _____

Father Information (Write in Block Letters)

- Name : _____
- Occupation: _____
- Contact #: _____
- Home Telephone : _____
- Permanent Address : _____

Academic Record

Qualification	Session	Board / University	Total Marks	Marks Obtained	Division Grade
SSC / O - level / Equivalent					
HSSC / A- Level / Equivalent / Diploma					
BA/B.Sc / B.Com					
MA/ M.S/ M.Com					
MS/ Mphil					
Others (Specify)					

Current Academic Program*(Attach all transcripts and Syllabus of Courses)*

1. Institution : _____
2. Program: _____
3. Admission Date: _____ 4. Semesters Completed: _____
5. Credits Hours: _____ 6. CGPA: _____

Reasons of Transfer*(Be specific and to the point)*

Undertaking

I Solemnly declare that the information provided by me is correct to the best of my knowledge. I understand and agree that any misrepresentation or omission of information found at any stage would be a sufficient ground for rejection of admission or expulsions from the University.

I agree to abide by all the rules and regulations enforced by BUITEMS from time to time.

Signature of the Applicant: _____ Date _____

Signature of the Father's / Guardian's _____ Date _____

Check List (The Documents should be attested)

- | | |
|--|--|
| <input type="checkbox"/> Bachelors Degree | <input type="checkbox"/> Bank Draft / Money Order/Bank Challan Rs.2500/- |
| <input type="checkbox"/> Higher Secondary School Certificate | <input type="checkbox"/> Two Recent Photographs (Passport Size) |
| <input type="checkbox"/> Secondary School Certificate | <input type="checkbox"/> N.O.C / Migration Certificate (in original) |
| <input type="checkbox"/> Applicant CNIC / B - Form | <input type="checkbox"/> All Transcripts/DMCs (in original) |
| <input type="checkbox"/> Local / Domicile | <input type="checkbox"/> Course Scheme and Outline of the Courses Studied (duly attested from concerned Institution) |
| <input type="checkbox"/> Father's CNIC | |

Recommendations of the Dean

Dated: ___ / ___ / ___

Dean of the Faculty
(With Official Seal)

Recommendations of the Migrations Committee

Dated: ___ / ___ / ___

Migration Committee

FOR OFFICE USE AT BUIITEMS (Students & Academic Affairs Section)

CMSID:		Migrated Program	
Student Name:			
Transcript Provided by Student:	Official	Unofficial	
Source Institution			
Admitted Term			
Migrated with Batch			