

**Rashid Latif Medical College, Lahore**

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Fax: +92 49 2451099, Website: www.rlmc.edu.pk

**APPLICATION FORM FOR MIGRATION CERTIFICATE / N.O.C**

1. Institute Name:
2. Program: 3. Session:
3. UHS / Another University Registration No:
4. Name of Candidate:

**(IN BLOCK LETTERS)**

1. Father’s Name :

**(IN BLOCK LETTERS**

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1. CNIC No: -

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1. Date of Birth:

(DD/MM/YYYY)

1. **Gender:-**

**Female**

**Male**

1. Present Address:
2. Reason for NOC:
3. Name of the Relieving College(N.O.C):
4. Name of the Accepting College(N.O.C):
5. Phone # (with Code):-

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1. Mobile #:-

16. Information about the last examination taken by the applicant:

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| --- | --- | --- | --- | --- |
| **Name of Examination** | **Year of appearing** | **Roll Number** | **Pass or Fail** | **University / Board** |
|  |  |  |  |  |

17. Fee Particulars of last institute:

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| --- | --- | --- | --- |
| **Bank Challan / Draft Number** | **Date** | **Amount** | **Name of Branch / City** |
|  |  |  |  |

Signature of Candidate: - Date:-