Office of the Controller of Examinations
University of LakkiMarwat
District: LakkiMarwat (28420) Khyber Pakhtunkhwa (Pakistan)
☎0969-511819, 🖷 0969-510019, registrar@ulm.edu.pk: Web site: www.ulm.edu.pk

Application Form for Migration from College/Universityto College/University

Particulars of the Applicant:

a) Name of Applicant (in block letters) _____
b) Father's name (in block letters) _____
c) The University of Lakki Marwat Registration No. _____
d) Last Exam: _____ CGPA_____
BS/Associate Degree_____Roll ._____
e) Semester to which migration is sought_____
f) Reason/s for Migration: _____
g) Name of the College/ University to which the student wants to migrate
_____
h) Mailing address for correspondence with student
_____
_____
_____ Contact No._____

I request to issue me Migration Certificate for further studies. Further, I solemnly declare that the particular given above are correct.

_____ _____
Signature of the Guardian Signature of the Applicant
Dated: _____ Dated: _____

Certified that the particulars given by the student above are checked and found correct. This office has no objection to the migration of the student.

Ref No._____ _____
Dated: - _____ Signature and Office Seal
Principal/C.O.E/Coordinator

Certified that I have no objection to this migration and I will admit the student to BS _____Semester_____ if the migration is sanctioned by the university.

Ref No._____ _____
Dated: - _____ Signature and Office Seal
Principal/C.O.E/Coordinator

FOR THE UNIVERSITY OF LAKKI MARWAT

Entries above checked and found correct

Verified that Rs_____
has been credited in the
Bank_____Vide
Slip No. _____Dated._____

Registration Assistance Verification Assistant

Dy. Controller COE

FOR CANDIDATE(Filled by Candidate)

Received application form of Migration of Mr. _____S/O _____
with Bank deposit slip No._____ Dated: _____
vide Dairy Register No_____ Dated _____

Dealing Assistant