



ABBOTTABAD UNIVERSITY
OF SCIENCE & TECHNOLOGY
OFFICE OF THE REGISTRAR (ACADEMICS)
Ph. 0992-922507 | Fax No. 0992-402127
Email: academics@aust.edu.pk

Affix Passport Size
Picture

Migration Proforma

Name: _____

Father Name: _____

Class: _____ Roll No. _____

University Registration No: _____

Name of College where studying (i): _____

Date of joining College where studying (i): _____

Name of College to which migration is sought (ii): _____

Reason of Migration: _____

Migration Fee (PKR): _____ Bank Challan No. _____ Date: _____

(Form without original fee receipt attached will not be entertained)

Postal Address: _____

Cell No. _____

Signature of Father/Guardian

Signature of Student

Remarks	Remarks
Certified that the statement made above by the student is correct and I have no objection to his/her migration.	I have no objection to this transfer and I will admit the student to _____ year class if the migration is sanctioned.
Signature & Stamp of the Head/Principal, College (i)	Signature & Stamp of the Head/Principal, College (ii)

Remarks of dealing Office

Migration Allowed

Sign _____

Registrar

- In case of illness, the application must be accompanied with proper medical certificates
- Attach the copy of Father's CNIC, copies of Matric, F.A/F.Sc. Certificates, Transcript, Promotion certificate etc. and transfer order or lease agreement in case of change of residence.
- Every application for migration must be accompanied by the prescribed fee, which is non-refundable.