FORM - VI



$\begin{array}{c} \textbf{INTER UNIVERSITY MIGRATION CERTIFICATE} \\ \textbf{ISSUANCE FORM} \end{array}$

ABBOTTABAD UNIVERSITY OF SCIENCE & TECHNOLOGY

Applicant's Name:		Father's Name:	
CNIC:		Contact No.:	
Address:			
CADEMIC INFORM	ATION		
AUST Registration No.:			
Name of the Highest Univ	versity Examination Passed:		
Passing Year:	Roll No.:		
Name of Institute (if recog	gnized):		
If Private Student(State t	he District):		
Name of the University to	which the candidate wants to	migrate:	
Dues Detail			
Amount Deposited:	F	Receipt/ Bank Draft No.:	
Bank:	Branch:	Dated:	
NSTRUCTIONS			
submit the form duly so 2. All the required particle be responsible for any 3. For normal and urgent	signed by Gazetted Officer or 1 ulars should be carefully filled i delay. migration, the schedule of cha	in by the applicant. In case of incom	aplete form, the office will not
4. Attach attested copy of			
4. Attach attested copy of			Applicant's Signature
	incipal of the College last atter	nded: Signature	Applicant's Signature Office Seal
	incipal of the College last atter Contersi		
gnature and seal of the Pr		gned	Office Seal
gnature and seal of the Pr May be allowed	Contersi Superinte	gned	Office Seal Issued by