



DOW UNIVERSITY OF HEALTH SCIENCES

APPLICATION FORM for ADMISSION in
BBA, MBA & EMBA (Spring 2024)
 Institute of Business & Health Management (IBHM)

Photograph

BBA..... (4 Years) Morning
 BBA..... (2 Years) Morning
 BBA..... (2 Years) Evening

BS Accounting Finance
 MBA..... Morning
 MBA..... Evening
 EMBA..... Weekend (DMC Campus)

Fill the form in block letters.

Name of Applicant _____ Father's Name _____

Birth Date Domicile _____ Birth Country _____ Age on closing date _____

National ID No.

Or "B" Form No. Marital Status _____ Religion _____ Male Female

Home Address _____ Tel No. _____
 (as mentioned in CNIC)

Mobile: _____ E-mail: _____

EDUCATION AND ACADEMIC DEGREES (To be attached with Admission form)

Academic Degree	Major Subject	School/University/City	Country	Duration	Result (%A-D)
Matric / O-Level / Other					
Intermediated/A-Level/Other					
Bachelor	If applicable				
Master					
Other degree					

PRACTICAL / PROFESSIONAL WORK EXPERIENCES

Institution	Position Held	Duration	From	To

Particulars of Father/Mother/ Guardian

Name _____ Male Female

Marital Status _____ Relationship with Candidate _____

National ID No.

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 Home Address _____
(as mentioned in CNIC)

Mobile No. _____ Tel No. _____

Department _____ Occupation _____

Designation _____

Left hand thumb impression of
Applicant

Applicant's Signature

Father's / Guardian Signature

NOTE: INCOMPLETE FORM WILL BE REJECTED

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| Paid Fee Voucher | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Matric Marks Sheet attached | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Matric Pass Certificate attached | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Intermediate/A-Level Marksheet | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Candidate's Domicile attached | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Candidate's PRC attached | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Father's CNIC attached | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Candidate's CNIC / B form attached | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

IMPORTANT INSTRUCTIONS FOR CANDIDATES

1. Fill all the columns of application form in BLOCK LETTERS with BLACK PEN.
2. Be sure to tick the appropriate Box in the application form..
3. Photocopies of all required documents must be attested by Govt. officer, grade 18 and above.
4. Photocopy of the application form and incomplete form will be rejected.
5. No form will be accepted in any case after the last date and time of the application form.
6. Each application should be accompanied by **Non Refundable Entrance Test Fee**” in the form of Paid Fee Voucher in UBL Baba-e-Urdu Road Branch, Karachi.
7. Carefully check the **‘Required Documents’** list mentioned in the Application Form.
8. Specimen of undertaking will be given when the candidate is declared eligible for provisional admission.
9. The application form and required documents completed in all respect should be submitted to United Bank Limited, Baba-e-Urdu Road, Branch, Karachi.
10. In case, there is any change in the date of Entrance test due to some unavoidable situation, it will be notified on the website of DUHS **www.duhs.edu.pk**
11. **DO NOT** submit the original documents alongwith the application form.
12. All queries should be sent on email address mentioned on the Back page.
13. No candidate should contact personally for any queries.
14. Daily visit the website of DUHS for announcement and informations.
15. Do not forget to keep the Photocopy of the application form in your own record.

DOW UNIVERSITY OF HEALTH SCIENCES, KARACHI



ADMIT CARD FOR ENTRY TEST

FOR ADMISSION IN

BBA, MBA & EMBA (SPRING 2024)

Candidate's Institute of Business & Health Management (IBHM) Copy

Name: _____

Father's Name: _____

Postal Address: _____

Please Paste
(1 x 1)
Photograph

Tel No: _____ Mobile No: _____ E-mail: _____

Signature of
Candidate

Left Hand Thumb
Impression of
Candidate

For Official Use

Date: _____ Name: _____

Time: _____ Signature _____

Venue: _____ Seal _____

Note : Please read the form carefully and fill all the columns in Block Letters with Blue /Black Pen

DOW UNIVERSITY OF HEALTH SCIENCES, KARACHI

ADMIT CARD FOR ENTRY TEST

FOR ADMISSION IN

BBA, MBA & EMBA (SPRING 2024)

Institute of Business & Health Management (IBHM)

DUHS Copy

Name: _____

Father's Name: _____

Postal Address: _____

Please Paste
(1 x 1)
Photograph

Tel No: _____ Mobile No: _____ E-mail: _____

Signature of
Candidate

Left Hand Thumb Impression
of Candidate

For Official Use

Date: _____ Name: _____

Time: _____ Signature _____

Venue: _____ Seal _____