

DOW UNIVERSITY OF HEALTH SCIENCES KARACHI

EXAMINATIONS DEPARTMENT

APPLICAT	ION FOR DUPLICATE TRA	NSCRIPTS /FNROLM	ENT/ADMIT CARD
10,		TYDCKII 10 / Dayace	PLEASE TICK
The Controller of Examinations,		F	TRANSCRIPT(S)
" CHIVEISITY Of Haalel C .			ENROLMENT CARD
Karachi.			ADMIT CARD
Sir,			
Please issue me Duplicate Transcript(s)/Enrolment/Admit Card as per details given below:			
Full Name:			
P .	(IN	BLOCK LETTERS)	
Father Name:			
(IN BLOCK LETTERS)			
Enrolment NoName of Examina		_ Name of Examination: (C	ourse)
College/ Institution:		THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN 2 IN C	No
S.#	*DESCRIPTION (T	enninal/Repeat)	*YEAR
1.			
2.			
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10.			Yours Obediently,
			, ,
Signature & Seal (with Date)			
FRINCIPAL/DIRECTOR			(Signature of the Candidate)

DOCUMENTS REQUIRED.

- 1. Photocopy of Enrolment Card.
- 2. Original Paid Fee Voucher.
- 3. Photocopy of College Identity Card.4. Any other documents may be required if needed.

^{*}The see voucher to be obtained from the office of the CMS, Administration Block 3rd Floor DMC.