



DOW UNIVERSITY OF HEALTH SCIENCES

School of Postgraduate Studies

JOINING REPORT (ROTATION)

Name: _____ S/o. D/o _____

Designation: _____ Date of First Joining: _____

Course Specialty: _____ Name of Institute: _____

Department / Ward: _____ Rotation Department: _____

Date of Rotation Joining: _____ Mobil: _____

Signature
Head of Department / Supervisor
With Stamp

PG's Signature



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