



DOW UNIVERSITY OF HEALTH SCIENCES
School of Postgraduate Studies

RELIEVING REPORT (ROTATION)

Name: _____ S/o. D/o _____
Designation: _____ Date of First Joining: _____
Course Specialty: _____ Name of Institute: _____
Department / Ward: _____ Rotation Department: _____
Date of Rotation Relieving: _____ Mobile: _____

Signature
Head of Department / Supervisor
With Stamp

PG's Signature



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