DOW UNIVERSITY OF HEALTH SCIENCES

School of Postgraduate Studies

RELIEVING REPORT

Name: __________________________________ S/o D/o ________________________________

Designation: _______________________ Department / Ward: __________________________

Course Specialty: ___________________ Name of Institute: ___________________________

Supervisor: __________________________________ Mobile: ___________________________

Date of Relieving: __________________ Address: ___________________________________

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______________________________ ________________________

Signature
Head of Department / Supervisor
With Stamp

PG's Signature

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