



SCHOOL OF POSTGRADUATE STUDIES
DOW UNIVERSITY OF HEALTH SCIENCES

Dated: _____

ROTATION APPLICATION

Dr _____ S/o D/o _____ FCPS / MCPS

trainee of _____ at _____ wants to do

rotation in the _____ department at _____

Karachi from _____ to _____.

Kindly allow me rotation and issue me a letter.

Remarks / Comments for the HOD. _____

Parent Ward HOD / Supervisor
with stamp

Rotation Ward HOD / Supervisor
with stamp

Principal / Program Coordinator
School of Postgraduate Studies
DUHS Karachi