



APPLICATION FORM *for* ADMISSION *in*

BBA, MBA & EMBA (FALL 2023)

Institute of Business & Health Management (IBHM)

Photograph

<input type="checkbox"/>	BBA..... (4 Years) Morning	<input type="checkbox"/>	BBA..... (2 Years) Morning	<input type="checkbox"/>	BBA..... (2 Years) Evening	<input type="checkbox"/>	
<input type="checkbox"/>	BS Accounting Finance	<input type="checkbox"/>	MBA..... Morning	<input type="checkbox"/>	MBA..... Evening	<input type="checkbox"/>	EMBA..... Weekend (DMC Campus)

Fill the form in block letters.

Name of Applicant _____ Father's Name _____

Birth Date

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 Domicile _____ Birth Country _____ Age on closing date _____

National ID No.

					-							-	
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 Marital Status _____ Religion _____ Male ☐ Female ☐

Or "B" Form No.

					-							-	
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Home Address _____ Tel No. _____
(as mentioned in CNIC)

Mobile: _____ E-mail: _____

EDUCATION AND ACADEMIC DEGREES (To be attached with Admission form)

Academic Degree		Major Subject	School/University/City	Country	Duration	Result (%A-D)
Matric / O-Level / Other						
Intermediated/A-Level/Other						
Bachelor	If applicable					
Master						
Other degree						

PRACTICAL / PROFESSIONAL WORK EXPERIENCES

Institution	Position Held	Duration	From	To

Particulars of Father/Mother/ Guardian

Name _____ Male ☐ Female ☐

Marital Status _____ Relationship with Candidate _____

National ID No.

					-									-	
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 Home Address _____
(as mentioned in CNIC)

_____ Mobile No. _____ Tel No. _____

Department _____ Occupation _____

Designation _____

Father's / Guardian Signature

NOTE: INCOMPLETE FORM WILL BE REJECTED

Paid Fee Voucher ----- Yes ☐ No ☐

Matric Marks Sheet attached_____ Yes ☐ No ☐

Matric Pass Certificate attached ----- Yes ☐ No ☐

Intermediate/A-Level Marksheet ----- Yes ☐ No ☐

Candidate's Domicile attached ----- Yes ☐ No ☐

Candidate's PRC attached ----- Yes ☐ No ☐

Father's CNIC attached_____ Yes ☐ No ☐

Candidate's CNIC / B form attached_____ Yes ☐ No ☐

IMPORTANT INSTRUCTIONS FOR CANDIDATES

1. Fill all the columns of application form in BLOCK LETTERS with BLACK PEN.
2. Be sure to tick the appropriate Box in the application form..
3. Photocopies of all required documents must be attested by Govt. officer, grade 18 and above.
4. Photocopy of the application form and incomplete form will be rejected.
5. No form will be accepted in any case after the last date and time of the application form.
6. Each application should be accompanied by **Non Refundable Entrance Test Fee**” in the form of Paid Fee Voucher in UBL Baba-e-Urdu Road Branch, Karachi.
7. Carefully check the **‘Required Documents’** list mentioned in the Application Form.
8. Specimen of undertaking will be given when the candidate is declared eligible for provisional admission.
9. The application form and required documents completed in all respect should be submitted to United Bank Limited, Baba-e-Urdu Road, Branch, Karachi.
10. In case, there is any change in the date of Entrance test due to some unavoidable situation, it will be notified on the website of DUHS **www.duhs.edu.pk**
11. **DO NOT** submit the original documents alongwith the application form.
12. All queries should be sent on email address mentioned on the Back page.
13. No candidate should contact personally for any queries.
14. Daily visit the website of DUHS for announcement and informations.
15. Do not forget to keep the Photocopy of the application form in your own record.

DOW UNIVERSITY OF HEALTH SCIENCES, KARACHI



ADMIT CARD FOR ENTRY TEST FOR ADMISSION IN

BBA, MBA & EMBA (FALL 2023)

Candidate's Institute of Business & Health Management (IBHM) ^{Copy}

Name: _____

Father's Name: _____

Postal Address: _____

Tel No: _____ Mobile No: _____ E-mail: _____

Signature of
Candidate

Left Hand Thumb
Impression of
Candidate



Date: _____

Time: _____

Venue: _____

For Official Use

Name: _____

Signature _____

Seal _____

Please Paste
(1 x 1)
Photograph

Note : Please read the form carefully and fill all the columns in Block Letters with Blue /Black Pen

DOW UNIVERSITY OF HEALTH SCIENCES, KARACHI

ADMIT CARD FOR ENTRY TEST FOR ADMISSION IN

BBA, MBA & EMBA (FALL 2023)

Institute of Business & Health Management (IBHM)

DUHS Copy

Name: _____

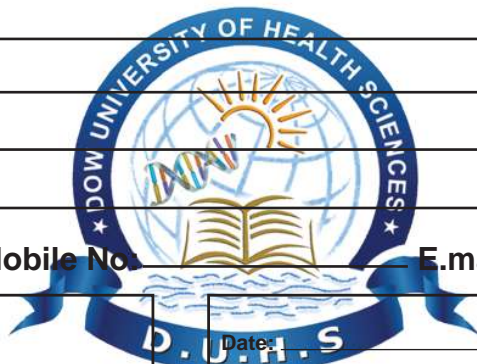
Father's Name: _____

Postal Address: _____

Tel No: _____ Mobile No: _____ E-mail: _____

Signature of
Candidate

Left Hand Thumb Impression
of Candidate



Date: _____

Time: _____

Venue: _____

For Official Use

Name: _____

Signature _____

Seal _____

Please Paste
(1 x 1)
Photograph