



**DOW UNIVERSITY OF HEALTH SCIENCES**  
*School of Postgraduate Studies*

**JOINING REPORT**

Name: \_\_\_\_\_ S/o D/o \_\_\_\_\_

Designation: \_\_\_\_\_ Department / Ward: \_\_\_\_\_

Course Specialty: \_\_\_\_\_ Name of Institute: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

Date of Joining: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
Signature  
Head of Department / Supervisor  
With Stamp

\_\_\_\_\_  
PG's Signature



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