Dow University of Health Sciences, Karachi

Examinations Department

Ref No.: DUHS/EXM/2020-3854

NOTIFICATION

It is notified for information to the ***failure / repeater candidates*** of Dr. Ishrat ul Ebad Khan Institute of Oral Health Sciences, Ojha Campus that the Examinations Form & Fee of **Third Year MDS Semester-VI Repeater Examination 2020 (Clinical – Batch – 5)** will be accepted as following up to: **14th December, 2020** in the office of the respective College / Institute.

Examination Fee Rs: 4,000/-

IMPORTANT INSTRUCTIONS

The respective college will receive the forms, paid fee voucher & required documents from the eligible candidates and will submit to the Examinations Department, Dow University of Health Sciences within **THREE DAYS** with a list of candidates completing the required formalities. The Payment Voucher of Examination Fee of each candidate may be enclosed with the Examination Form of the respective candidate. The following documents are required to be attached:

1. *Photocopy of transcripts of failure appearing in MDS Semester-VI.*
2. *Photocopy of the Enrolment Card.*
3. *Photocopy of the College Identity Card.*
4. *Original Fee Paid Voucher.*
5. ***Any other relevant document/ information can be asked to submit in addition to above.***

Dated: 02-12-2020

C.c to:

1. The Staff Officer to the Vice-Chancellor, DUHS.
2. The P.A to Pro-Vice-Chancellor, DUHS.
3. The P.A to Registrar, DUHS.
4. The Project Director, Dow University of Health Sciences.
5. The Director, Finance, DUHS.
6. The Director, MDS Program, DIEKIOHS, Ojha Campus.
7. The Program Coordinator, MDS Program, DIEKIOHS, Ojha Campus.
8. The Principal, School of Postgraduate Studies, DUHS.
9. The Director, CMS, DUHS.
10. The Web Manager, DUHS.
11. All Concerned.

Controller of Examinations