



# Dow University of Health Sciences, Karachi

## Examinations Department

Ref No: DUHS/EXM/2024-597

### **NOTIFICATION**

It is notified for information to the *failure candidates* of constituent Institute of Dow University of Health Sciences, that the Examination Form & Fee of **First Year Diploma in Ophthalmology Retake (Batch-11) & 2<sup>nd</sup> Retake (Batch-10) Examination 2024** will be accepted as following up to: **21<sup>st</sup> March, 2024** in the office of the respective college / institute.

## **EXAMINATION FEE Rs: 20,000/-**

### **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 Last Result Notification.
2. Photocopy of the Enrolment Card (Both Sides).
3. Photocopy of the College Identity Card.
4. Original Fee Payment Voucher.
5. Paid tuition fee voucher copy must be attached.
6. **Any Other relevant document/ information can be asked to submit in addition to above.**

**Dated: 06-03-2024**

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 Director Finance, DUHS.
5. The Project Director, Dow University of Health Sciences.
6. The Principal, School of Post Graduate Studies, DUHS.
7. The Program Director, DO, DUHS.
8. The Program Coordinator, DO, DUHS.
9. The Director, CMS, DUHS.
10. All Concerned.

*Controller of Examinations*