

DOW UNIVERSITY OF HEALTH SCIENCES INSTITUTE OF HEALTH MANAGEMENT

To,
The Director
Institute of Health Management
Karachi.

Enrolment No. _____

Photograph

**Please Paste
Don't Staple**

Subject: ISSUANCE OF PROVISIONAL CERTIFICATE

Sir,

I have passed my Final year _____ Examination Annual / Scheduled of DUHS 20__ held in _____ 20__ kindly issue me provisional certificate and obliged.

My Particulars are given below:

Name: Dr. _____ Father's Name: _____

Enrolment # _____ Domicile _____ Nationality _____ Passport # _____
↙ Issue Date _____
 ↘ Expiry Date _____

Present Address: _____

Permanent Address: _____

Phone (Res.): _____ Cell No.: _____ Date of Birth _____ Place of Birth _____

Date of Admission in 1st Year MBBS _____ Session: _____ Admit in which college _____

Medical College / Category of Seat _____

For Migration Case only

He / She was admitted to this college on _____ 20 _____ in _____ year _____ Class on Migration from _____ College _____

	1 st Year		2 nd Year		3 rd Year		4 th Year		Final Year	
	1 st Semester	2 nd Semester	3 rd Semester	4 th Semester	5 th Semester	6 th Semester	7 th Semester	8 th Semester	9 th Semester	10 th Semester
Examination										
Annual / Retake / Supplementary Examination										
Examination of										
Held in the Year										
Seat No.										
Total Marks										
Result										

Clearing Certificate from the following sections are attached herewith:

- 1) Clearance from College Library: ----- Signature _____ Stamp _____
- 2) Hostel Warden: - - - Not Availd ☐ Availd ☐ Signature _____ Stamp _____
- 3) Hostel Accountant - - Fee Cleared: (All fee vouchers attached) Signature _____ Stamp _____
- 4) Accounts Branch DIMC: ----- Signature _____ Stamp _____
- 5) College identity Card (Original Return) attached with form: ----- YES ☐ NO ☐
- 6) Photograph one (Pasted on Form) ----- YES ☐ NO ☐
- 7) Employment Exchange Certificate from Pakistani only. Foreign National
 student should attach valid passport photocopy. ----- YES ☐ NO ☐
- 8) Enrolment Card (Attached with form & photocopy). ----- YES ☐ NO ☐
- 9) All Mark sheets pass & fail required. ----- YES ☐ NO ☐
- 10) Grade Book: (Photocopy)- ----- YES ☐ NO ☐

Provisional Certificate No. _____

Date _____ Sessions _____

Annual / Supply of 20 _____

1st Year Roll No. _____

Date of Admission _____

Date of Graduation _____

Candidate's Signature

Receiver's Signature