



# DOW UNIVERSITY OF HEALTH SCIENCES

DR. ISHRAT-UL-EBAD KHAN INSTITUTE OF ORAL HEALTH SCIENCES (DIKIOHS)



To,  
The Principal  
Dr. Ishrat-UI-Ebad Khan Institute of Oral Health Sciences  
Karachi.

Form No. \_\_\_\_\_

Photograph

Please Paste  
Don't Staple

Subject: ISSUANCE OF PROVISIONAL CERTIFICATE

Receiving S. No. \_\_\_\_\_

Sir,

Enrolment # \_\_\_\_\_

I have passed my final professional BDS Examination Annual / Repeat of DUHS 20\_\_ held in \_\_\_\_\_ 20\_\_ kindly issue me provisional certificate and oblige.

## My Particulars are given below:

Name: Dr. \_\_\_\_\_ Father's Name: \_\_\_\_\_

Domicile \_\_\_\_\_ Nationality \_\_\_\_\_

Present Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

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

Date of Admission in 1st Year BDS \_\_\_\_\_ Session: \_\_\_\_\_ Admit in which college \_\_\_\_\_

Dental College / Category of Seat \_\_\_\_\_

## For Migration Case only

He / She was admitted to this college on \_\_\_\_\_ 20 \_\_\_\_\_ in \_\_\_\_\_ year BDS Class on Migration from \_\_\_\_\_ Dental College \_\_\_\_\_

	1 <sup>st</sup> Year		2 <sup>nd</sup> Year		3 <sup>rd</sup> Year		4 <sup>th</sup> Year	
	1 <sup>st</sup> Semester	2 <sup>nd</sup> Semester	3 <sup>rd</sup> Semester	4 <sup>th</sup> Semester	5 <sup>th</sup> Semester	6 <sup>th</sup> Semester	7 <sup>th</sup> Semester	8 <sup>th</sup> Semester
BDS 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 DIKIOHS: ----- 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 \_\_\_\_\_

1<sup>st</sup> Year Roll No. \_\_\_\_\_

Date of Admission \_\_\_\_\_

Date of Graduation \_\_\_\_\_

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Principal  
DR. Ishrat-UI-Ebad Khan Institute Of Oral  
Health Sciences (DIKIOHS)