



APPLICATION FORM



BBA/MBA/EMBA (FALL - 2017)
At INSTITUTE OF HEALTH MANAGEMENT (IHM)

DOW UNIVERSITY OF HEALTH SCIENCES

Application No. (AP No.) _____

Photograph

BBA.....
 (4 Years)

MBA.....
 Morning(3.5 Years)

MBA.....
 Evening(2.5 Years)

EMBA.....
 (2 Years) Weekend Program

MBA.....
 (1.5 Years)

Fill the form in block letters.

Name of Applicant _____ **Father's Name** _____

Passport Number _____ **Nationality** _____
 (for overseas candidates)

Birth Date [] [] [] **Birth Location** _____ **Birth Country** _____ **Age on closing date** _____

National ID No. [] **Marital Status** _____ **Religion** _____ **Male** **Female**
Or "B" Form No. []

Home Address (Present) _____ **Tel No.** _____

_____ **Mobile:** _____

Home Address (as mentioned in NIC) _____ **E-mail:** _____

Address Out side Pakistan _____
 (for overseas candidates)

EDUCATION AND ACADEMIC DEGREES (To be attached with Admission form)

Academic Degree	Major Subject	School/University/City	Country	Duration	Result (% A-D)
Matric / O-Level / Other					
Intermediated/A- Level / Other					
Bachelor	If applicable				
Master					
Other degree					

PRACTICAL / PROFESSIONAL WORK EXPERIENCES

Institution	Position Held	Duration	From	To

Courses/workshops attended

S. No.	Name	Date

Language Skills (Please tick in the relevant box)

Language	Fair	Good	Excellent
English			
Urdu			
Other			

Computer Skills (Please tick in the relevant box)

Language	None	Fair	Good	Excellent
MS Word				
MS Power Point				
Internet				
Any Other Advance Skill				

Reasons for selecting this course

APPLICANT'S DECLARATION

I certify that the information in this application is accurate to the best of my knowledge. Furthermore I agree to inform to the admission cell, DUHS immediately of changes and amendments.

I have taken note of the information provided in and regarding this application as well as the notice about the storage of personal data. I accept responsibility for the completeness of my application. I agree that this application and accompanying documents shall remain with the admission cell, Dow University of Health Sciences.

Place

Date

Signature

Particulars of Father/Mother/ Guardian

1. Name _____

2. Occupation _____ 3. Designation _____

4. Place of work _____

5. Name of organization _____

6. Office Address _____

7. Present Residential Address _____

8. Permanent Address _____

9. Email address _____

10. Office Phone _____ Mobile Phone _____

11. Res. Phone _____

12. Any Other Contact Number _____

13. Annual Income _____ 14. Religion _____

15. Nationality _____

16. NADRA NIC No. _____

(for Pakistani Candidate only)

NOTE: If father is working abroad. These particulars must _____ be endorsed by Pakistan embassy / consulate of **Signature of father** the respective country.

Fill all boxes with your present address

Name: _____

Present Address _____

Phone No (Res.): _____

Phone No (Off.): _____

Mobile No. : _____

Email: _____

Name: _____

Present Address _____

Phone No (Res.): _____

Phone No (Off.): _____

Mobile No. : _____

Email: _____

Name: _____

Present Address _____

Phone No (Res.): _____

Phone No (Off.): _____

Mobile No. : _____

Email: _____

Name: _____

Present Address _____

Phone No (Res.): _____

Phone No (Off.): _____

Mobile No. : _____

Email: _____

Health Certificate

Note: (Section A, B, & C will be filled by the candidate)

Section A

Name _____ S/o, D/o _____

Age	Days	Months	Years
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Height: _____ Weight: _____

Present Address: _____

Section B

- | | | |
|--|-----|----|
| 1. Do you smoke? | Yes | No |
| 2. Do you take any medicine regularly? | Yes | No |

If yes, Specify _____

- | | | |
|---|-----|----|
| 3. Any history of allergy | Yes | No |
| 4. Do you suffer from any of the following diseases?..... | Yes | No |
| i. Epilepsy | Yes | No |
| ii. High Blood Pressure | Yes | No |
| iii. Psychiatric illness | Yes | No |
| iv. Rheumatic Heart Disease | Yes | No |
| v. Hepatitis B/C | Yes | No |
| vi. Physical Disability | Yes | No |

If yes, Specify _____

Section C

Details of previous Vaccination

1. Measles	Yes	No
2. Mumps	Yes	No
3. Rubella	Yes	No
4. Tetanus	Yes	No
5. Pertussis	Yes	No
6. Whooping Cough	Yes	No
7. Hepatitis B	Yes	No

Detail of Booster Vaccination

Certification: I hereby certify that the above information given by me is correct.

Signature Father / Mother

Signature

IMPORTANT INSTRUCTIONS FOR CANDIDATES

1. Fill all the columns of application form in BLOCK LETTERS with BLACK PEN.
2. Be sure to tick the appropriate Box in the application form.
3. Photocopy of the application form and incomplete form will be rejected.
4. No form will be accepted in any case after the last date and time of the application form.
5. Specimen of undertaking will be given when the candidate is declared eligible for provisional admission.
6. **If any eligible candidate has not received the admit card 48 hrs prior to the entrance test, he/she should contact DUHS Admission Office, 3rd Floor Baba-e-Urdu Road Karachi.**
7. In case, there is any change in the date of Entrance test due to some unavoidable situation, it will be notified on the website of DUHS **www.duhs.edu.pk**
8. **DO NOT** submit the original documents along with the application form.
9. Please visit the website of DUHS for announcement and information daily.
10. **The application form duly completed in all respect and attested photocopies of required documents mentioned below along with **Non Refundable Entrance Test Fee** of Rs. 2000/- (Rupees Two thousand only) in the form of Challan (available on Website) in favour of Dow University of Health Science, Karachi (DUHS) should be submitted to United Bank Limited, Baba-e-Urdu Road, Branch, Karachi.**
 - **Matric Certificate and final/consolidate mark sheet**
 - **Intermediate Certificate and final/consolidate mark sheet or A-Level (Minimum 3 Passes)**
 - **Bachelor Degree and final/consolidate mark sheet**
 - **Master Degree and final/consolidate mark sheet**
 - **Copy of CNIC**
 - **Domicile/PRC**

Dow University of Health Sciences, Karachi.



ADMIT CARD

FOR ENTRY TEST

FOR ADMISSIONS IN

BBA / MBA / EMBA

at Institute of Health Management (IHM)



DUHS Copy Roll No.

Name: _____

S/o, D/o, W/o: _____

Postal Address: _____

Please Paste
(1 x 1)
Photograph

Tel No: _____ Mobile No: _____ E.mail: _____

<input type="text"/> Signature of Candidate	<input type="text"/> Left Hand Thumb Impression of Candidate	Date: _____ Rep. Time: _____ Venue: _____	For Official Use Name: _____ Signature _____ Seal _____
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INSTRUCTION FOR THE CANDIDATE



ADMIT CARD

FOR ENTRY TEST

FOR ADMISSIONS IN

BBA / MBA / EMBA

at Institute of Health Management (IHM)



Candidate's Copy Roll No.

Name: _____

S/o, D/o, W/o: _____

Postal Address: _____

Please Paste
(1 x 1)
Photograph

Tel No: _____ Mobile No: _____ E.mail: _____

Signature of Candidate	<input type="text"/>	Date: _____	For Official Use
Left Hand Thumb Impression of Candidate	<input type="text"/>	Reporting Time: _____	Name: _____
		Venue: _____	Signature _____
			Seal _____

Note: See Instructions Overleaf

INSTRUCTION FOR THE CANDIDATE

1. If there is any change regarding **Entry Test**, venue or timings, it will be mentioned on DUHS website.
2. Carefully read instructions for attempting test paper, otherwise computer will not read your answers.
3. Candidate must bring this Admit Card for the test, on the date, time and venue given overleaf.
4. **CANDIDATE WILL NOT BE ALLOWED TO APPEAR IN THE TEST WITHOUT THIS ADMIT CARD.**
5. No Identification other than this Admit Card will be acceptable.
6. Impersonation for the Entrance test will be considered as a criminal case and will be dealt seriously.
7. Candidate is required to reach the venue at least two (02) hours before the test.
8. Any material or electronic device / mobile phone / calculator etc, will not be allowed, under any circumstances.
9. If any student is found, using unfair means or cheating he will be debarred from the test and admission.