



CONVOCAION REGISTRATION FORM
DOW UNIVERSITY OF HEALTH SCIENCES

NAME OF DEGREE/DIPLOMA: _____

NAME OF INSTITUTION: _____

PASSING YEAR OF THE BATCH: _____

UPDATED
PHOTOGRAPH

Attach 1 Extra Photograph

NAME: _____

FATHER'S NAME: _____

CLASS ROLL NO: _____ CNIC NO: _____

CELL NO: _____ E-MAIL: _____

NUMBER OF ADDITIONAL GUEST(S): _____

NOTE:

ATTACH THE FOLLOWING SUPPORTING DOCUMENTS:

- 1) ORIGINAL BANK PAYMENT SLIPS OF RS. 6000/- WITH THE FORM.
STUDENT'S COPY OF BANK VOUCHER IS REQUIRED FOR ALL FORMALITIES AND
MAY BE ASKED AS PROOF OF PAYMENT AT ANY TIME.
- 2) 2 (TWO) PHOTOGRAPHS
- 3) FINAL YEAR MARKSHEET (If not issued, attach mark sheet of last semester)

FOR OFFICIAL USE ONLY

R. #: _____ Receiving Date: _____ Checked By: _____

CONVOCAION GOWN WILL BE AVAILABLE ONE WEEK BEFORE CONVOCAION FROM
SECRETARIAT AT DIMC, ON REFUNDABLE SECURITY DEPOSIT BY THE TAILOR.

NOTE:

- ONLY PASSED GRADUATES IN THE FINAL YEAR EXIT EXAMINATION ARE ELIGIBLE TO ATTEND CONVOCAION. ANY PARTICIPANT OF CONVOCAION WHO HAS NOT PASSED IN THE FINAL YEAR EXAM WILL BE SUBJECT TO SEVERE DISCIPLINARY ACTION.
- REGISTRATION INCLUDES 02 COMPLEMENTARY GUESTS.
- ADDITIONAL GUEST WILL BE ALLOWED UPON EXTRA PAYMENT FOR EACH GUEST.