









Collecting Branch Copy	DUHS A/C Office Copy	Application Form Copy	Applicant's Copy
 DOW UNIVERSITY OF HEALTH SCIENCES	 DOW UNIVERSITY OF HEALTH SCIENCES	 DOW UNIVERSITY OF HEALTH SCIENCES	 DOW UNIVERSITY OF HEALTH SCIENCES
(Name of Degree/Diploma/Certificate)	(Name of Degree/Diploma/Certificate)	(Name of Degree/Diploma/Certificate)	(Name of Degree/Diploma/Certificate)
UBL Account No. 101-3400-6 Baba-e-Urdu Road Branch, Karachi-0401	UBL Account No. 101-3400-6 Baba-e-Urdu Road Branch, Karachi-0401	UBL Account No. 101-3400-6 Baba-e-Urdu Road Branch, Karachi-0401	UBL Account No. 101-3400-6 Baba-e-Urdu Road Branch, Karachi-0401
Due Date: <u>Aug 30, 2017</u>	Due Date: <u>Aug 30, 2017</u>	Due Date: <u>Aug 30, 2017</u>	Due Date: <u>Aug 30, 2017</u>
Name: _____	Name: _____	Name: _____	Name: _____
Father's Name: _____	Father's Name: _____	Father's Name: _____	Father's Name: _____
Passing year of the Batch: _____	Passing year of the Batch: _____	Passing year of the Batch: _____	Passing year of the Batch: _____
CNIC No: _____	CNIC No: _____	CNIC No: _____	CNIC No: _____
Extra guest charges Rs. 1200/- TOTAL Rs. 1200/-	Extra guest charges Rs. 1200/- TOTAL Rs. 1200/-	Extra guest charges Rs. 1200/- TOTAL Rs. 1200/-	Extra guest charges Rs. 1200/- TOTAL Rs. 1200/-
(Use separate form for each extra guest)	(Use separate form for each extra guest)	(Use separate form for each extra guest)	(Use separate form for each extra guest)
Receiving Branch Stamp & Signature	Receiving Branch Stamp & Signature	Receiving Branch Stamp & Signature	Receiving Branch Stamp & Signature
Student's Signature	Student's Signature	Student's Signature	Student's Signature

Note: You need to produce this Receipt whenever required during proceedings.

CHALLAN FORM FOR CONVOCATION 2017

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