



Dow University of Health Sciences, Karachi
Examinations Department

Ref No.: DUHS/EXM/2017-413

NOTIFICATION

It is notified for information to the *failure candidates* of Dow Dental College, Dr. Ishrat-ul-Ebad Khan Institute of Oral Health Sciences & Dow International Dental College, Ojha Campus that the **Examination Form & Fee of Fourth Year BDS Semester-VIII Repeat Examination 2016** will be accepted as following up to: **27th February, 2017** in the office of the respective College/Institute.

EXAMINATION FEE Rs: 1,250/-

EXAMINATION FEE \$: 15/-

IMPORTANT INSTRUCTIONS

The respective college will receive the forms, paid fee vouchers & required documents from the eligible candidates and will submit to the Examinations Department, Dow University of Health Sciences within **three days** with a list of candidates completing the required formalities. The Payment Voucher of Examination Fee of each candidate may be enclosed with the examination form of the respective candidate. The following documents are required to be attached:

1. *Photocopy of transcript of failure appearing in BDS Semester-VIII.*
2. *Photocopy of the Enrolment Card.*
3. *Photocopy of the College Identity Card.*
4. *Original Fee Paid Voucher.*
5. ***Any Other relevant document / information can be asked to submit in addition to above.***

Dated: 18-02-2017

C.c to:

1. The Staff Officer to the Vice-Chancellor, DUHS.
2. The P.A to Pro-Vice-Chancellor, DUHS.
3. The P.A to Registrar, DUHS.
4. The Director Finance, DUHS.
5. The Project Director, Dow University of Health Sciences.
6. The Principal, DIEKIOHS, Ojha Campus.
7. The Principal, DIDC, Ojha Campus.
8. The Principal, DDC, DUHS.
9. The Director, CMS, DUHS.
10. The Web Manager, DUHS.
11. All Concerned.

Controller of Examinations