



**Dow University of Health Sciences Karachi**  
**Examinations Department**

RefNo.: DUHS/EXM/2017- 1368

**NOTIFICATION**

It is notified for information to the concerned candidates of constituent institute of Dow University of Health Sciences, that the Examination Form & Fee of **First Year MD/MS Annual & Repeat Examination 2017 (BATCH- 2&3)** will be accepted as following up to: **13<sup>th</sup> October, 2017** in the office of the respective college.

<i>MD – Psychiatry (Batch – 3 Annual )</i>	
<i>MD – Anesthesiology (Batch – 3 Repeat)</i>	
<i>MD – Radiology (Batch – 3 Repeat)</i>	
<i>MD – Emergency Medicine (Batch – 3 Repeat )</i>	
<i>MS – Plastic Surgery (Batch – 3 Repeat )</i>	
<i>MS – Orthopedic Surgery (Batch – 3 Repeat )</i>	
<i>MS – Neuro Surgery (Batch – 2 Repeat )</i>	

**EXAMINATION FEE Rs: 8,000/-**

**IMPORTANT INSTRUCTIONS**

The respective college will receive the forms, paid fee voucher & 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 in triplicate 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 relevant transcript of 1<sup>st</sup> Year.
2. Photocopy of the Enrolment Card (Both Sides).
3. Photocopy of the College Identity Card.
4. Original Fee Payment Voucher.
5. **Any Other relevant document/ information can be asked to submit in addition to above.**

**Dated: 04-10-2017**

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 Program Director, All Concerned, DUHS.
6. The Chairman, Department of P.G Studies, DUHS.
7. The Director, CMS, DUHS.
8. The Web Manager, DUHS.
9. All Concerned.

***Controller of Examinations***