



# DOW UNIVERSITY OF HEALTH SCIENCES

Baba-e-Urdu Road, Karachi, Pakistan &99204776 Facsimile992013 72 Website: www.duhs.edu.pk

Ref. No. \_\_\_\_\_

Dated: \_\_\_\_\_

**Controller**  
Examination Department  
Dow University of Health Sciences  
Karachi

Most Recent  
Four Passport  
Size  
Photograph

## **APPLICATION FOR PROVISIONAL CERTIFICATE**

(To be submitted to Director Research through the Head of the Department.)

I hereby apply for provisional certificate for \_\_\_\_\_

(Degree) the requirements for which I have successfully completed.

The clearance forms from various sectional / departmental heads have been obtained.

\_\_\_\_\_  
(Signature.)

\_\_\_\_\_  
(Name of Candidate)

1. Enrollment Card
  - a. Enrolment Extension/Re-Admission (If Applicable)
2. DUHS-GAT / NTS-GAT/GRE Result
3. Transcripts of all semester exams  
(Certified by departmental Head)
4. Comprehensive Exam Result  
(only for MBA / EMBA / MHPE / PhD)
5. Fee Certificate  
(Issue by Fee Section, Head Office)
  - a. Research Project/Thesis Evaluation Fee
6. BASR Project/Thesis Approval Letter
7. Original RF ID Card  
(Required After having BASR Approval Letter)
8. Published Original Article  
(Only for PhD)
9. Departmental Clearance (Departmental Head)
  - a) Liabilities
  - b) Return of Equipment
  - c) Departmental Library
10. Central Library (Ojha Campus)
11. Animal House
12. DDRL
13. DRIBBS
14. Dow Radiology

for office use

Provisional Certificate be issued as per rules.

\_\_\_\_\_  
**Secretary,**  
**Board of Advanced Studies & Research**  
**Dow University of Health Sciences, Karachi**



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## The Chairman

Board of Advanced Studies & Research  
Dow University of Health Sciences  
Karachi

### CLEARANCE FORM (For Thesis)

MPH / MSPH / MBA / EMBA / MSN/ MSAPT / MSBE / MDS / MD / MS / M.Sc DS / MPhil / PhD

(To be submitted to Director Research through the Head of the Department.)

I hereby submit two (PhD) or three (Master) hard copies and a soft copy of my Thesis with plagiarism report entitled \_\_\_\_\_

\_\_\_\_\_ for \_\_\_\_\_ (degree)

examination written on the conclusion of research supervised by \_\_\_\_\_

(Supervisor). I request that my thesis defense may please be arranged.

The clearance from various sectional / departmental heads has also been obtained.

\_\_\_\_\_  
(Signature.)

\_\_\_\_\_  
(Name of Candidate)

1. Enrollment Card
  - a. Enrolment Extension/Re-Admission (If Applicable) \_\_\_\_\_
2. NTS-GAT / GRE Result \_\_\_\_\_
3. Transcripts of all semester exams  
(Certified by departmental Head) \_\_\_\_\_
4. Comprehensive Exam Result  
(For MBA / EMBA / PhD Only) \_\_\_\_\_
5. Fee Certificate  
(Issue by Fee Section, Head Office)
  - a. Thesis Evaluation Fee Voucher \_\_\_\_\_
6. Published Original Article  
(For PhD Only) \_\_\_\_\_
7. Synopsis Approval Letters
  - a. Scientific Committee \_\_\_\_\_
  - b. Institutional Review Board \_\_\_\_\_
  - c. Board of Advanced Studies and Research \_\_\_\_\_
8. Departmental Clearance (Departmental Head)
  - a) Liabilities \_\_\_\_\_
  - b) Return of Equipment \_\_\_\_\_
  - c) Departmental Library \_\_\_\_\_
9. Central Library (Ojha Campus) \_\_\_\_\_
10. Animal House \_\_\_\_\_
11. DDRL \_\_\_\_\_
12. DRIBBS \_\_\_\_\_
13. Dow Radiology \_\_\_\_\_

\_\_\_\_\_  
Signature and Stamp of Principal/Director of the College/Institute



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Dated: \_\_\_\_\_

## CERTIFICATE OF RELEASE FROM THE BOND

\_\_\_\_\_  
(Name of the Candidate)

is hereby released from the bond to serve the university after successful completion of

\_\_\_\_\_  
(Name of the Program)

Reason for release:

1. Bond is not applicable (Private candidate) \_\_\_\_\_
2. Bond has been completed as per university requirement \_\_\_\_\_
3. Bond money has been deposited with the finance department

Details of deposition bond money

Pay order Number \_\_\_\_\_, Dated \_\_\_\_\_

draw on \_\_\_\_\_  
(Name of the Bank and Branch)

amount \_\_\_\_\_ ( \_\_\_\_\_ )  
(in figures) (in words)

Attach copy of Pay Order and Vouchers submitted to UBL Baba e Urdu Road Branch.

Signature

\_\_\_\_\_  
1. Director Finance

\_\_\_\_\_  
2. Registrar DUHS

Stamp:

Date:



**DOW UNIVERSITY OF HEALTH SCIENCES**  
**SCHOOL OF POSTGRADUATE STUDIES**

Ref. No. \_\_\_\_\_

Dated: \_\_\_\_\_

(Revised)

**CERTIFICATE OF NO DISCIPLINARY ACTION**

It is hereby certified that no disciplinary action by the University is pending against

\_\_\_\_\_

Who is a candidate of \_\_\_\_\_

of session \_\_\_\_\_

\_\_\_\_\_  
Signature & Seal  
**Program Director,**

\_\_\_\_\_  
Signature & Seal  
**Principal,**  
School of Postgraduate Studies,  
Dow University of Health Sciences, Karachi.

\_\_\_\_\_  
Signature & Seal  
**Registrar,**  
Dow University of Health Sciences, Karachi.