



# Dow University of Health Sciences, Karachi

## Examinations Department

Ref No.: DUHS/EXM/2024-1175

## **NOTIFICATION**

It is notified for information to the concerned eligible candidates that the Enrolment and Examination Form of **Certificate Course in Color Doppler Ultrasound Examination 2024** will be accepted as following up to: **20<sup>th</sup> June, 2024** the office of the respective college / institute.

### **IMPORTANT INSTRUCTIONS**

The prescribed fee is to be paid at bank. 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 completing the required formalities. The Payment Voucher of Enrolment & Examination Fee of each candidate may be enclosed with the forms of the respective candidates. The following documents are required to be attached:

1. *Original Paid Fee Voucher.*
2. *Attested Photocopy of C.N.I.C.*
3. *Attested Photocopy of Medical Graduate Degree (Attested by Director/ Principal).*
4. *Three Recent Passport Size Photographs (Attested from the back).*
5. *Paid tuition fee voucher copy must be attached.*
6. **Any other information / document can be asked to submit in additional to the above.**

**Dated: 04-06-2024**

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 Project Director, Dow University of Health Sciences.
5. The Director Finance, DUHS.
6. The Director, Dow Institute of Radiology, Ojha Campus.
7. The Principal, School of P.G Studies, DUHS.
8. The Director, CMS, DUHS.
9. The Officer-Concerned, Web Portal, DUHS.
10. All Concerned.

*Controller of Examinations*