



Dow University of Health Sciences Karachi
Examinations Department

Ref No.: DUHS/EXM/2024-1693

NOTIFICATION

It is notified for information to the concerned eligible candidates of School of Dental Care Professionals, Ojha Campus that the **Enrolment and Examination Form & Fee** of **First Year BS DCP Semester-I & II Examination 2024** will be accepted as following up to: **30th September, 2024** at respective Institute / college.

Course	Institute / Department Name
BS DCP	School of Dental Care Professionals, Ojha Campus

Course	Enrolment Fee	Examination Fee
<u>Under Graduate</u>	<u>AS PER FEE STRUCTURE</u>	

IMPORTANT INSTRUCTIONS

The respective institute / department 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 candidate. The following documents are required to be attached:

1. *Paid Fee Voucher.*
2. *Two Recent Photographs.*
3. *Photocopy of C.NIC or B-Form.*
4. *Paid tuition fee voucher copy must be attached.*
5. ***Any other information / document can be asked to submit in additional to the above.***

Dated: 27-08-2024

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 Director Finance, DUHS.
5. The Project Director, Dow University of Health Sciences.
6. The Director, School of Dental Care Professional, Ojha Campus.
7. The Director, CMS, DUHS.
8. The Officer-Concerned, Web Portal, DUHS.
9. All Concerned.

Controller of Examinations