



Dow University of Health Sciences, Karachi.
Examinations Department

Ref No.: DUHS/EXM/2024-1869-A

NOTIFICATION

It is notified for information to the **concerned eligible candidates** of the following course at Department of Optometry, DIMC, Ojha Campus that the **Enrolment and Examination Form & Fee of First Year BS Optometry Semester-I & II Examination 2024** will be accepted as following up to: **28th October, 2024** at respective Institute / Department.

Course	Institute / Department Name	Year
BS OPT	Department of Optometry	2023

Course	Enrolment Fee	Examination Fee Semester-I & II
UNDER GRADUATE	<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. *Photocopy of C.N.I.C or B-Form.*
3. *Two Recent Photographs.*
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: 09-10-2024

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, Dept. of Optometry, DIMC, Ojha Campus.
7. The Director, CMS, DUHS.
8. The Officer-Concerned, Web Portal, DUHS.
9. All Concerned.

Controller of Examinations