



Examination Department

# Dow University of Health Sciences, Karachi.

Examinations Department

Ref No.: DUHS/EXM/2024-1993

## **NOTIFICATION**

It is notified for information to the concerned eligible candidates of constituent institutes of DUHS that the Enrolment and Examination Form & Fee of **First Year BSN Semester-I & II Examination 2024** will be accepted as following up to: **15<sup>th</sup> November, 2024** in the office of the respective college / institute.

<b>College / Institute Names</b>	
<i>Karachi Institute of Nursing &amp; Allied Health Sciences</i>	<i>Qatar College of Nursing</i>
<i>College of Nursing (Female), Dr. Ruth K.M Pfau, Civil Hospital</i>	*****

<b>Course</b>	<b>Enrolment Fee</b>	<b>Examination Fee (per year)</b>
<b><u>UNDERGRADUATE</u></b>	<b><u>AS PER FEE STRUCTURE</u></b>	

### **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 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. *Photocopy of C.N.I.C.*
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: 28-10-2024**

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/ Principal, All Affiliated College of Nursing, Karachi.
7. The Director, CMS, DUHS.
8. The Director, Q-Bank, DUHS.
9. The Officer-Concerned, Web Portal, DUHS.
10. All Concerned.

*Controller of Examinations*