

Name of student : _____ Enrolment # _____

Program & Specialty : _____

SUBMISSION Check List of Master Project Submission

Hard Copy:

- Covering Letter from Program Director (Format uploaded)
- A spiral Project hard copy (Format uploaded)
- Provisional Application & Clearance Form (form uploaded)
Please make sure that you have got clearance from radiology, animal house, laboratories, department and central ojha libraries where applicable and following documents are attached here with:
 - Enrolment Card Copy
 - Transcripts of all Semesters (attested by HOD)
 - NTS-GAT/DUHS-GAT/GRE Result
 - Comprehensive Exam Result (For MHPE Only)
 - Enrolment Extension Application/Letter (if expired)
 - Re-Admission Letter (if issued)
 - Re-Admission Paid Fee Voucher
 - Synopsis Approval Letter from IRC/IRB
 - Plagiarism Undertaking on PKR 100/- stamp paper (format uploaded)
 - Fee Certificate (from Fee Section)
 - Research Project Evaluation Fee Voucher
Fee voucher of Rs. 15,000 can be taken from Fee Section, 3rd Floor, Old Administration Building, Dow Medical College by asking them for submission their project review Fee. **Note:** Program coordinator can request for your voucher by sending Name, Program, Subject, and Enrolment No. via email at cms.fee@duhs.edu.pk and wajahat.ali@duhs.edu.pk. Fee section extension is 5818.

Soft Copy:

- Project (Microsoft Word) as per guidelines

The soft copy of the above documents will be sent by the respective institute from their official email IDs to research.evaluation@duhs.edu.pk (BASR Office). The BASR Office will review the documents for formatting corrections, generate the similarity report, and forward it to the respective institute's official email ID along with approval for printing.

Make sure all formatting is complete before submission. For any queries, contact us at research.evaluation@duhs.edu.pk. All necessary formats are available at [DUHS Postgraduate Research Guidelines](#) under Master Project > Project Approval > Project Review

Signature: Student

Date

Signature of Supervisor

Date

Signature of Program Director

Date