



DOW UNIVERSITY OF HEALTH SCIENCES

SCHOOL OF PUBLIC HEALTH

BS NUTRITION

To,
The Principal,
School of Public Health,
Dow University of Health Sciences,
Karachi.

Form No. _____

Receiving S. No. _____

Photograph

**Please Paste
Don't Staple**

Subject: ISSUANCE OF PROVISIONAL CERTIFICATE

Sir, I have passed my final **BS Nutrition** Examination Annual / Repeat of DUHS 20__ held in _____ kindly issue me provisional certificate and oblige.

My Particulars are given below:

Name: _____ Father's Name: _____

The name and father's name is to be written in the form as per Enrolment Card. If there is any error in the Enrolment Card please have it corrected before submission of the form.

Enrolment # _____ Domicile _____ Nationality _____

Present Address: _____

Permanent Address: _____

Phone (Res.): _____ Cell No.: _____ Date of Birth _____ Place of Birth _____

Date of Admission in 1st Year (1st Semester) _____ Session: _____ Admit in School of Public Health

Graduation Date _____

(As per final result notification)

DUHS / SPH Academic Record

	1 st Year		2 nd Year		3 rd Year		4 th Year	
	1 st Semester	2 nd Semester	3 rd Semester	4 th Semester	5 th Semester	6 th Semester	7 th Semester	8 th Semester
Name of Examination								
Annual / Retake / Supplementary Examination								
Examination of								
Held in the Year								
Seat No.								
Total Marks								
Result								

Yours obediently

(Signature of the Student)

For Official Use Only:

I hereby certify that the particulars given by the applicant in this form are correct and I further certify:

- I. That the applicant has satisfied me by documentary evidence that he / she was admitted to this college in First year BS Nutrition on _____ and passed the BS Nutrition Final Examination 20__, Dow University of Health Sciences Karachi held in _____ 20__ with seat No. _____, Enrolment No. _____, his / her Graduation date is _____.
- II. That he/she is yet to fulfill the required documents, fee clearance certificates, copy of fee vouchers, All photocopies of mark sheets pass or fail, original college card (R/F ID Card) and photo copy of enrolment card attached here with this application.

Signature

Seal of the College _____

Dated: _____

**Principal
School of Public Health**

NOTE: Documents Checklist overleaf

Clearance Certificate from the following sections are attached herewith:

- 1) College Identity Card (Original Return) attached with form: YES NO
- 2) Passport Size Photograph one (Pasted on Form) YES NO
- 3) Enrolment Card (photocopy) Attached. YES NO
- 4) All Mark sheets pass & fail Attached. YES NO
- 5) Fee Clearance Certificates with attestation from relevant departments, Attached YES NO

NOTE: All Documents must be attached in a proper office file