



DOW UNIVERSITY OF HEALTH SCIENCES

Department of Ophthalmology and Visual Sciences

BS.OPTOMETRY

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To,

The Director,
Department of Ophthalmology and Visual Sciences
Dow University of Health Sciences
Karachi.

Form No. _____

Receiving S. No. _____

Subject: ISSUANCE OF PROVISIONAL CERTIFICATE

Sir, I have passed my final _____ 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 *Bs. Optometry*

Graduation Date _____

(As per final result notification)

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:

- That the applicant has satisfied me by documentary evidence that he / she was admitted to this college in First year *Bs. Optometry* on _____ and passed the *Bs. Optometry* Final Examination 20__, Dow University of Health Sciences Karachi held in _____ 20__ with seat No. _____, Enrolment No. _____, his / her Graduation date is _____.
- 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
Director
Department of Ophthalmology
and Visual Sciences

Seal of the College _____

Dated: _____

NOTE: Documents Checklist overleaf