



DOW UNIVERSITY OF HEALTH SCIENCES

DOW INSTITUTE OF RADIOLOGY

To,
The Director
Dow Institute of Radiology
Dow University of Health Sciences
Karachi.

Form No. _____

Receiving S. No. _____



Subject: ISSUANCE OF PROVISIONAL CERTIFICATE FOR AAS / BS RADIOLOGY

Sir,
I have passed my final _____ Examination Annual / Repeat of DUHS 201____ held in _____ kindly issue me provisional certificate and oblige.

My Particulars are given below:

Name: _____ Father's Name: _____

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: _____ Date of Graduation : _____

	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
Annual / Retake / Supplementary Examination								
Held in the Year								
Seat No.								
Total Marks								
Result								
CGPA								

Clearing Certificate from the following sections are attached herewith:

- 1) Fee Certificate (Original Attached)
- 2) Clearance from College Library : _____
- 3) Accounts Branch DIR : _____
- 4) College RF ID Card (Original Return) attached with form: _____
- 5) Photograph one (Pasted on Form)
- 6) Employment Exchange Certificate from Pakistani only. Foreign National student should attach valid passport photocopy.
- 7) Copy of Enrolment Card (Attached with form).
- 8) All Mark sheets pass & fail required.
- 9) Original paid voucher of processing fee for Provisional Certificate.
- 10) Dow alumni directory registration form.
- 11) All fee vouchers from date of admission to final year.
- 12) All 5 forms duly attached.

Provisional Certificate No. _____

Date _____ Sessions _____

Annual / Supply of 20 _____

1st Year Roll No. _____

Date of Admission _____

Date of Graduation _____

Candidate's Signature

Director
Dow Institute of Radiology