



DOW UNIVERSITY OF HEALTH SCIENCES

DOW DENTAL COLLEGE (DDC)

To,
The Principal
Dow Dental College
Karachi.

Photograph
Please Paste
Don't Staple

Form No. _____

Receiving S. No. _____

Enrolment # _____

Subject: ISSUANCE OF PROVISIONAL CERTIFICATE

Sir,
I have passed my Final year BDS Examination Annual / Scheduled of DUHS 2019 held in _____ 2019, kindly issue me provisional certificate and obliged.

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.

Domicile _____ Nationality _____

Present Address: _____

Permanent Address: _____

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

Date of Admission in 1st Year BDS _____ Session: _____ Admit in which college _____

Medical College / Category of Seat _____ Graduation Date _____

(As per final result notification)

For Migration Case only

He / She was admitted to this college on _____ 20 _____ in _____ year BDS Class on Migration from _____ Dental College _____

| | 1 st Year | | 2 nd Year | | 3 rd Year | | 4 th Year | | Final 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 | 9 th Semester | 10 th Semester |
| BDS Examination | | | | | | | | | | |
| Annual / Retake / Supplementary Examination | | | | | | | | | | |
| Examination of | | | | | | | | | | |
| Held in the Year | | | | | | | | | | |
| Seat No. | | | | | | | | | | |
| Total Marks | | | | | | | | | | |
| Result | | | | | | | | | | |

Yours obediently

IMPORTANT NOTE:

The application form must be completed in all respect. **IMCOMPLETE FORMS WILL NOT BE ACCEPTED.** _____ (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 BDS on _____ and passed the BDS Final Examination 2019, Dow University of Health Sciences Karachi held in _____ 2019 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
Dow Dental College

NOTE: Documents Checklist overleaf

