



DOW UNIVERSITY OF HEALTH SCIENCES

DR. ISHRAT-UL-EBAD KHAN INSTITUTE OF ORAL HEALTH SCIENCES (DIKIOHS)



To,
The Principal
Dr. Ishrat-UI-Ebad Khan Institute of Oral Health Sciences
Karachi.

Form No. _____

Photograph

**Please Paste
Don't Staple**

Subject: ISSUANCE OF PROVISIONAL CERTIFICATE Receiving S. No. _____

Sir,
I have passed my final professional BDS Examination Annual / Repeat of DUHS 2019 held in _____
_____ kindly issue me provisional certificate and oblige.

Enrolment # _____

My Particulars are given below:

Name: Dr. _____ Father's Name: _____

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 _____

Dental College / Category of Seat _____

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

Clearing Certificate from the following sections are attached herewith:

- 1) Clearance from College Library: ----- Signature _____ Stamp _____
- 2) Hostel Warden: --- Not Availed Availed Signature _____ Stamp _____
- 3) Hostel Accountant - - Fee Cleared: (All fee vouchers attached) Signature _____ Stamp _____
- 4) Accounts Branch DIKIOHS: ----- Signature _____ Stamp _____
- 5) College identity Card (Original Return) attached with form: ----- YES NO
- 6) Photograph one (Pasted on Form) ----- YES NO
- 7) Employment Exchange Certificate from Pakistani only. Foreign National
student should attach valid passport photocopy. ----- YES NO
- 8) Enrolment Card (Attached with form & photocopy) ----- YES NO
- 9) All Mark sheets pass & fail required. ----- YES NO
- 10) Grade Book: (Photocopy) ----- YES NO

Provisional Certificate No. _____

Date _____ Sessions _____

Annual / Supply of 20 _____

1st Year Roll No. _____

Date of Admission _____

Date of Graduation _____

Candidate's Signature

Principal
DR. Ishrat-UI-Ebad Khan Institute Of Oral
Health Sciences (DIKIOHS)