



# Dow University of Health Sciences Karachi

## Examinations Department

Ref No.: DUHS/EXM/2025-209

### **NOTIFICATION**

It is notified for information to the concerned candidates of constituent institute of Dow University of Health Sciences, that the Examination Form & Fee of **MS Orthopedic Surgery Fourth Year Retake Examination 2025 (Batch- 3)** will be accepted as following up to: **14<sup>th</sup> February, 2025** in the office of the respective college.

### **EXAMINATION FEE: AS PER FEE STRUCTURE**

#### **IMPORTANT INSTRUCTIONS**

The respective college will receive the forms, paid fee voucher & required documents from the eligible candidates and will submit to the Examinations Department, Dow University of Health Sciences within **three days** with a list of candidates completing the required formalities. The Payment Voucher of Examination Fee of each candidate may be enclosed with the forms of the respective candidates. The following documents are required to be attached:

1. Photocopy of Last Result Notification.
2. Photocopy of the Enrolment Card (Both Sides).
3. Photocopy of the College Identity Card.
4. Original Fee Payment Voucher.
5. Paid tuition fee voucher copy must be attached.
6. **Any Other relevant document/ information can be asked to submit in addition to above.**

**Dated: 24-01-2025**

*C.c to:*

1. The Staff Officer to the Vice-Chancellor, DUHS.
2. The P.A to Pro-Vice-Chancellor, DUHS.
3. The P.A to Registrar, DUHS.
4. The Director Finance, DUHS.
5. The Project Director, Dow University of Health Sciences.
6. The Principal, School of Post Graduate Studies, DUHS.
7. The Director, MS Orthopedic Surgery, DUHS.
8. The Director, CMS, DUHS.
9. All Concerned.

*Controller of Examinations*