

Dow University of Health Sciences

One Passport
Sized Pictures
Required

To Be Filled by Student (In BLOCK LETTERS Only)

Discipline: _____ Duration of Study: _____

Degree Title: _____ Current Year/Semester: _____

Basic Information

Note: In case the student changes their phone number or email, it is mandatory on them to inform

Name: _____ Enrollment No. : _____

Father's Name: _____ Mother's Name: _____

Gender: _____ Date of Birth: _____

Mobile Number: _____ Email Address: _____

CNIC No: _____

Family Information

Occupation of Father/Guardian: _____

Monthly Income in Rupees (Attach Certificate as well): _____

No of Family Members: _____ No of Siblings Studying: _____

Additional Information: Orphan or Handicap? Yes/No _____

Contact Information

Present Home/Hostel Address: _____

City: _____ District: _____ Province: _____

Academic Information

Name of Examination Passed	Name of the Board	School/College Name	Year of Passing	Percentage Marks
University Name	Year of study (current)	Current Semester	CGPA	Percentage Marks

Extracurricular activities:

FOR Ph.D & MS/ M.Phil. Students

Details of relevant research experience/publications

Name of Supervisor: _____

Name of Co-supervisor: _____

Document Information

Please note that this form will not be considered unless accompanied by the attested copies of the following documents.
(√ Tick marks the attachments).

S.No.	Student Check List	Tick (Student)	Office Use
1.	One copy of University I.D. Card.		
2.	One Passport size photographs		
3.	Copy of Intermediate Mark Sheet.		
4.	Copy of Last Examination Passed.		
5.	Relevant Research experience/publications. If in process, attach research proposal, synopsis.		
6.	Copy of the last Electricity Bills/ PTCL/ SSGC Bill		
7.	Copies of the house rent agreement.		
8	Death certificate in case the father has passed away. Divorce certificate in case the parents are divorced.		
9	Copy of Domicile		
10	Medical Certificate in case of any disability/Certificate from a hospital.		

UNDERTAKING
50 Rs Stamp Paper

The information given in this application is true to the best of my knowledge and I understand that any incorrect information will result in the cancellation of this application. Further, If any information given in this application is found incorrect or false after grant of financial assistance, the University will stop further assistance and:

- The admission of the Applicant will be cancelled in case of 1st Semester students.
- In case of existing students, immediate repayment of the total Scholarship along with a fine amounting to the Scholarship paid to the student will be required. Such a student will also be disqualified for applying for any further loan / scholarship.

Date

Signature of Parent / Guardian

Signature of Applicant

References (Excluding Parents / Guardian):-

1. Name _____

Relationship: _____

Home Address _____

Business Address _____

Contact Information: Residence: _____ Office: _____ Cell: _____

CNIC#: _____ Signature: _____

2. Name _____

Relationship: _____

Home Address _____

Business Address _____

Contact Information: Residence: _____ Office: _____ Cell: _____

CNIC #: _____ Signature: _____

