DOW UNIVERSITY OF HEALTH SCIENCES

INSTITUTE OF MEDICAL TECHNOLOGY (IMT)

			200						
To, The Principal Institute of Medic Karachi.	Batch - 20				Ple	Photograph Please Paste Don't Staple			
CLi4- 10011A1	IOE OF BR	OV/ICION A	I CEPTIE	ICATE R	ecolvina S. N	0	6000		
Subject: ISSUAN	ICE OF PRO	UVISIONA	L CERTIF	ICATE IN	Journal O. 14				
Sir,	Enrolment # Examination Annual / Repeat of DUHS 2010								
			kindly issue me provisional certificate and oblige						
My Particulars a					p.o				
Name:				Father's Na	me:				
Domicile				W3014660 1045 50					
Present Address:									
Permanent Address:_									
Phone (Res.):	Cell	No.:		Date o	of Birth	Place	of Birth		
DUHS BS Acade	mic Record		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	y th Semester	g th Semester	
BS Examination									
Annual / Retake / Supplementary Examination									
Examination of									
Held in the Year									
Seat No.						8			
Total Marks	9						8		
Result					2		2		
Clearing Certificate from the following sections are attached 1) Clearance from College Library 2) Hostel Warden 3) Accounts Branch IMT 4) College identity Card (Original Return) attached with form:					with: Provisional Certificate No Date Sessions Annual / Supply of 20 1st Year Roll No				
 Photograph one (Pasted o Employment Exchange Co 		tani only. Foreig	n National			Date of Admis			

Candidate's Signature

Receiver's Signature

student should attach valid passport photocopy.

7) Enrolment Card (Attached with form & photocopy).

8) All Mark sheets pass & fail required.

9) Grade Book: (Photocopy)