DOW UNIVERSITY OF HEALTH SCIENCES

Dow Institute of Nursing and Midwifery

Nursing 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 Date Sessions	To, The Director Institute of Nursir Dow University o Karachi.	ng & Midwifery f Health Sciences		Form No Receiving S. No	Don't Staple	
I have passed my final	Subject: ISSUAN	CE OF PROVISION	NAL CERTIFICATE			
Reld inkindly issue me provisional certificate and obling the provisional certificate not obline the provisional certificate	Sir,					
Particulars are given below:						
Father's Name:			kindly issue me	provisional certi	ficate and oblige.	
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Permanent Address: Cell No.:	Present Address:					
Phone (Res.): Cell No.: Date of Birth Place of Birth Date of Admission in 1st Year (1st Semester) Session: Admit in Institute of Nursing 1st Year						
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Clearance from College Library : Date Sessions	Result					
) Hostel Warden) Accounts Branch ION :) Clearance from College Lib) Hostel Warden) Accounts Branch ION) College identity Card (Origi 5) Photograph one (Pasted on) Employment Exchange Cert student should attach valid p) Enrolment Card (Attached v) All Mark sheets pass & fail	rary :	<u> </u>	Date Annual / Sup _j 1 st Year Roll I	Sessions ply of 20 No	
				_	Director	