DOW COLLEGE OF PHARMACY (DCOP)

The Principal Dow College of Pharmacy Dow University of Health Sciences Karachi. Subject: ISSUANCE OF PROVISIONAL CERTIFICATE Sir, I have passed my Final year Pharm-D Examination Annual / Scheduled of DUH5 20_ held in	To,									Photo	ograph
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Name:	20	, kindly	y issue m	e provisi	onal cert	ificate an	ıd oblige	d.			
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Present Address: Permanent Address: Phone (Res.): Cell No.: Date of Birth Place of Birth Date of Admission in 1st Year Pharm-D Session: Admit in which college Pharmacy College / Category of Seat Graduation Date	Name:				F	Father's N	ame:				
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Pharmacy College / Category of Seat									Place of Bi	rth	
For Migration Case only He / She was admitted to this college on	Date of Admission in 1st	Year Phari	m-D	Se	ssion:	Adm	nit in which	college			
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Pharm-D Examination Annual / Retake / Supplementary Examination Examination of Held in the Year Seat No. Total Marks Result Yours obediently (Signature of the Student) For Official Use Only: I hereby certify that the particulars given by the applicant in this form are correct and I further certify: I. That the applicant has satisfied me by documentary evidence that he / she was admitted to this college in First year Pharm-D on and passed the Pharm-D Final Examination 20, bow University of Health Sciences Karach held in 20 with seat No, Enrolment No, his / her Graduation date is II. That he/she is yet to fulfill the required documents, fee clearance certificates, copy of fee vouchers, All photocopies of mark sheets pass or fail, origional college card (R/F ID Card) and photo copy of enrolment card attached here with this application. Signature Seal of the College Dow College of Pharmacy							6 th				10 th
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Clearance Certificate from the following sections are atta	ched herew	ith:			
1) College Identity Card (Original Return) attached with form:	YES	NO			
2) Passport Size Photograph one (Pasted on Form)	YES	NO			
3) Enrolment Card (photocopy) Attached.	YES	NO			
4) All Mark sheets pass & fail Attached.	YES	NO			
5) Grade Book: (Photocopy)	YES	NO			
6) Fee Clearance Certificates with attestation from relevant departments, Attached	YES	NO			
7) Employment Exchange Certificate from Pakistani only. Foreign National					
student should attach valid passport photocopy.	YES	NO			
8) Alumni Registration Form	YES	NO			
NOTE: All Documents must be attached in a proper office file					

HOSTEL FEE CLEARANCE CERTIFICATE

					Date			
Name:		Father	's Name					
College / Institute		Enrolment No.						
Date of Admissions		Final Examination Hel	d on	Graduation Date				
Category: Open Merit UEDP L		JEDP Local Self Finance	Overseas	□ РТАР	Reciprocal & Disab			
			Hostel	Availed	Not Availed			
	1st Year	Voucher No	Amount _		Dated			
	2 nd Year	Voucher No	Amount _		Dated			
Hostel Fee	3 rd Year	Voucher No	Amount _		Dated			
	4 th Year	Voucher No	Amount _		Dated			
	5 th Year	Voucher No	Amount _		Dated			
	Note: Att	ached All Paid Fee Voucl	ners (Photocopy	·)				
Hostel Wardern								
Room Charges / Any	Dues	☐ Yes ☐ No						
Maintanence Charges	s / Any Dues	Yes No						
Any Penalty Charges		Yes No						
Name, Signature ar	nd Stamp by	Hostel Wardern						
Name:								
		Si	gnature		Stamp			

LIBRARY CLEARANCE CERTIFICATE

			Date		
Name:	Father's Name				
College / Institute	Enrol	ment No	ent No.		
Date of Admissions Final Examina	ation Held on	Gradua	ntion Date		
Category: Open Merit UEDP Local Self	f Finance Overseas	s PTAP	Reciprocal & Disabl		
Any Book Due to be Returned Yes if Yes Please Specify	□ No				
Any Liability of Library Yes	☐ No				
Name, Signature and Stamp by Librarian:					
Name:	Signature		Stamp		

FEE CLEARANCE CERTIFICATE FROM STUDENTS BRANCH / ACCOUNTS SECTION

					Date	
Name:		Father's	s Name			
College / Institute Fi		Enrolment No.				
		Final Examination Held	l on	Graduation Date		
Category:	en Merit 🔲 l	JEDP Local Self Finance	Overseas	☐ PTAP	Reciprocal & Disable	
		Voucher No.				
	2 nd Year	Voucher No Voucher No Voucher No	Amount		Dated	
College Fee	3 rd Year	Voucher No	Amount _		Dated	
	4 th Year	Voucher No	Amount		Dated	
(5 th Year	Voucher No	Amount _		Dated	
	2.) Hostel Fee	e Vouchers (Photocopy) Clearance Certificate earance Certificate				
Name, Signature	and Stamp by	Stduents Branch Accoun	nts Officer			
Name:			mature	. L	Stamp	



DUHS DIRECTORY

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For all ex-students of DMC, DIMC, DIKIOHS, Pharm-D

Enrolment #

Allied Health Sciences

ALUMNI REGISTRATION FORM

Photograph should be Scanned and email at dua@duhs.edu.pk separately with Name & Form No.

Personal Information:			
First Name	Middle Name	Last Name	
Male ☐ Female ☐ Single ☐ Married ☐	Date of Birth	CNIC No. / NICOP No.	
Cell No. (With Code)	Res. Tel No.	Fax No.	
Email:	Skype ID	Overseas Phone # No. (If any)	
Present Address:			
Permanent Address:			
Academic Informations:	Present Designation		
College / Institute		Working Since	
Year of Graduation Qualifica	ntions acquired		
Mention Institute / University of Postgraduat	e degree	Speciality	
If under training for any course, mention deta	ails	Date of course completion	

Note: The DUHS Directory will be published and the registration form alongwith recent colour photograph is required for that. The copy of Directory can be obtained from DUHS. It will also be placed on DUHS website

For queries contact on e-mail: dua@duhs.edu.pk