

DOW UNIVERSITY OF HEALTH SCIENCES

DOW COLLEGE OF PHARMACY (DCOP)

To,
The Principal
Dow College of Pharmacy
Dow University of Health Sciences
Karachi.

Form No. _____

Receiving S. No. _____

Enrolment # _____



Subject: ISSUANCE OF PROVISIONAL CERTIFICATE

Sir, I have passed my Final year Pharm-D Examination Annual / Scheduled of DUHS 20__ held in _____ 20__, kindly issue me provisional certificate and obliged.

My Particulars are given below:

Name: _____ Father's Name: _____

Domicile _____ Nationality _____

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** _____
(As per final result notification)

For Migration Case only

He / She was admitted to this college on _____ 20 _____ in _____ year Pharm-D Class on Migration from _____ Pharmacy College _____

	1 st Year		2 nd Year		3 rd Year		4 th Year		Final Year	
	1 st Semester	2 nd Semester	3 rd Semester	4 th Semester	5 th Semester	6 th Semester	7 th Semester	8 th Semester	9 th Semester	10 th Semester
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__, Dow University of Health Sciences Karachi 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, original college card (R/F ID Card) and photo copy of enrolment card attached here with this application.

Signature

Seal of the College _____

Dated: _____

Principal
Dow College of Pharmacy

NOTE: Documents Checklist overleaf

Clearance Certificate from the following sections are attached herewith:

- 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

DOW UNIVERSITY OF HEALTH SCIENCES

HOSTEL FEE CLEARANCE CERTIFICATE

Date _____

Name: _____ Father's Name _____

College / Institute _____ Enrolment No. _____

Date of Admissions _____ Final Examination Held on _____ Graduation Date _____

Category : Open Merit UEDP Local Self Finance Overseas PTAP Reciprocal & Disable

Hostel Availed Not Availed

Hostel Fee {

1 st Year	Voucher No. _____	Amount _____	Dated _____
2 nd Year	Voucher No. _____	Amount _____	Dated _____
3 rd Year	Voucher No. _____	Amount _____	Dated _____
4 th Year	Voucher No. _____	Amount _____	Dated _____
5 th Year	Voucher No. _____	Amount _____	Dated _____

Note: Attached All Paid Fee Vouchers (Photocopy)

Hostel Wardern

Room Charges / Any Dues Yes No

Maintenance Charges / Any Dues Yes No

Any Penalty Charges Yes No

Name, Signature and Stamp by Hostel Wardern

Name: _____

Signature

Stamp



DOW UNIVERSITY OF HEALTH SCIENCES

LIBRARY CLEARANCE CERTIFICATE

Date _____

Name: _____ Father's Name _____

College / Institute _____ Enrolment No. _____

Date of Admissions _____ Final Examination Held on _____ Graduation Date _____

Category : Open Merit UEDP Local Self Finance Overseas PTAP Reciprocal & Disable

Any Book Due to be Returned Yes No

if Yes Please Specify _____

Any Liability of Library Yes No

Name, Signature and Stamp by Librarian:

Name: _____

Signature



Stamp

DOW UNIVERSITY OF HEALTH SCIENCES

FEE CLEARANCE CERTIFICATE FROM STUDENTS BRANCH / ACCOUNTS SECTION

Date _____

Name: _____ Father's Name _____

College / Institute _____ Enrolment No. _____

Date of Admissions _____ Final Examination Held on _____ Graduation Date _____

Category :

Open Merit UEDP Local Self Finance Overseas PTAP Reciprocal & Disable

College Fee {	1st Year Voucher No. _____ Amount _____ Dated _____
	2nd Year Voucher No. _____ Amount _____ Dated _____
	3rd Year Voucher No. _____ Amount _____ Dated _____
	4th Year Voucher No. _____ Amount _____ Dated _____
	5th Year Voucher No. _____ Amount _____ Dated _____

Note: Attached 1.) All Paid Fee Vouchers (Photocopy)
2.) Hostel Fee Clearance Certificate
3.) Library Clearance Certificate

Name, Signature and Stamp by Students Branch Accounts Officer

Name: _____

Signature



Stamp



DUHS DIRECTORY OF DOW UNIVERSITY ALUMNI (DUA)

For all ex-students of DMC, DIMC, DIKIOHS, Pharm-D
&
Allied Health Sciences

Enrolment #

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 <input type="checkbox"/> Female <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/>	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	Qualifications acquired
Mention Institute / University of Postgraduate degree	Speciality
If under training for any course, mention details	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