

DOW UNIVERSITY OF HEALTH SCIENCES

Baba-e-Urdu Road, Karachi, Pakistan &99204776 Facsimile992013 72 Website: www.duhs.edu.pk

No	Dated:	
roller nination Department University of Health Sciences chi APPLICATION FOR PROVISION (To be submitted to Director Research through		Most Recent Four Passport Size Photograph
·	gir the riead of the Department.	
reby apply for provisional certificate for		
gree) the requirements for which I have successfu		
clearance forms from various sectional / departm	nental heads have been obtained.	
	(Signature.)	
	(Name of Candidate)	
1. Enrollment Card		
2. DUHS-GAT / NTS-GAT/GRE Result		
3. Transcripts of all semester exams (Certified by departmental Head)		
4. Comprehensive Exam Result (only for MBA / EMBA / MHPE / PhD)		
5. Fee Certificate (Admission Cell)		
a. Research Project/Thesis Evaluation Fee6. BASR Project/Thesis Approval Letter		
7. Original RF ID Card		
(Required After having BASR Approval I8. Published Original Article	Letter)	
8. Published Original Article (Only for PhD)		
9. Departmental Clearance (Departmental Head)		
a) Liabilities		
b) Return of Equipmentc) Departmental Library		
10. Central Library (Ojha Campus)		
11. Animal House		
12. DDRL13. Dow Radiology		
for office use		
Provisional Certificate be issued as per rules.		
Secretary, Board of Advanced Studies & Research		



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Ref. I	No	Dated:	
Boar	Chairman rd of Advanced Studies & Research v University of Health Sciences		
	<u>CLEARANCE F</u>	ORM (For Thesis)	
	MPH / MSPH / MBA / EMBA / MSN/ M	SAPT / MSBE / MDS / M.Sc DS / MPhil ,	/ PhD
	(To be submitted to Director Resear	ch through the Head of the Departmer	nt.)
I her	eby submit two (PhD) or three (Master) hard	copies and a soft copy of my Thesis w	ith plagiarism
	ort entitled		
•			
		for	(degree)
exan	nination written on the conclusion of resear	ch supervised by	
(Sup	ervisor). I request that my thesis defense m	ay please be arranged.	
The	clearance from various sectional / departme	ental heads has also been obtained.	
	oleanande nem vaneus seedlenan, departin		
		(Signature.)	
		(Name of Candidate)	
1.	Enrollment Card		
2.	NTS-GAT / GRE Result		
3.	Transcripts of all semester exams (Certified by departmental Head)		
4.	Comprehensive Exam Result (For MBA / EMBA / PhD Only)		
5.	Fee Certificate (Issue by Fee Section, Head Office) a. Thesis Evaluation Fee Voucher		
6.	Published Original Article (For PhD Only)		
7	Cumanaia Ammusual Lattona		

Synopsis Approval Letters

a. Scientific Committee

b. Institutional Review Board

- Board of Advanced Studies and Research
- 8. Departmental Clearance (Departmental Head)
 - a) Liabilities
 - b) Return of Equipment
 - c) Departmental Library
- 9. Central Library (Ojha Campus)
- **10.** Animal House
- 11. DDRL
- **12**. **Dow Radiology**



Date:

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Ref. No	Dated:
CERTIFICATE OF RE	ELEASE FROM THE BOND
(Name o	of the Candidate)
is hereby released from the bond to ser	ve the university after successful completion of
(Name	of the Program)
Reason for release:	
1. Bond is not applicable (Private c	andidate)
2. Bond has been completed as per ur	niversity requirement
3. Bond money has been deposited w	ith the finance department
Details of deposition bond money	
Pay order Number	, Dated
draw on(Name of t	he Bank and Branch)
amount (() (in words)
Attach copy of Pay Order and Vouchers submit	tted to UBL Baba e Urdu Road Branch.
Signature	
1. Director Finance	2. Registrar DUHS
Stamp:	



DOW UNIVERSITY OF HEALTH SCIENCES School of Postgraduate Studies

Ref. No		Trea	Dat	ed:	
		No. of Contract of			
		74	-	V 45.	(Revised)

CERTIFICATE OF NO DISCIPLINARY ACTION

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Who is a candidate of				
of session	_			
		44.		
Signature & Seal		DISCH	INARY ACTION	

Signature & Seal Principal School of Postgraduate Studies Dow University of Health Sciences, Karachi.

Signature & Seal Registrar, Dow University of Health Sciences, Karachi.