



# DOW UNIVERSITY OF HEALTH SCIENCES

## SCHOOL OF DENTAL CARE PROFESSIONALS (SDCP)

To,  
The Principal  
School of Dental Care  
Professionals  
Karachi.

Photograph

Please Paste  
Don't Staple

### Subject: ISSUANCE OF PROVISIONAL CERTIFICATE

I have passed my final BS DCP Examination Annual/ Repeat of DUHS 20\_\_\_\_ held in \_\_\_\_\_20\_\_\_\_ kindly issue me provisional certificate and oblige.

#### My Particulars are given below:

Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Enrolment # \_\_\_\_\_ Domicile \_\_\_\_\_ Nationality \_\_\_\_\_

Present Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone (Res.): \_\_\_\_\_ Cell No.: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Date of Admission in 1st Year (1st Semester) \_\_\_\_\_ Session: \_\_\_\_\_ Admit in School of Dental Care Professionals

Field: \_\_\_\_\_ /Category of Seat: \_\_\_\_\_

For Migration Case only:

He / She was admitted to this college on \_\_\_\_\_20\_\_\_\_ in \_\_\_\_\_year DCP Class on Migration from \_\_\_\_\_

College \_\_\_\_\_

	1 <sup>st</sup> Year		2 <sup>nd</sup> Year		3 <sup>rd</sup> Year		4 <sup>th</sup> Year	
	1 <sup>st</sup> Semester	2 <sup>nd</sup> Semester	3 <sup>rd</sup> Semester	4 <sup>th</sup> Semester	5 <sup>th</sup> Semester	6 <sup>th</sup> Semester	7 <sup>th</sup> Semester	8 <sup>th</sup> Semester
BS DCP Examination								
Annual / Retake / Supplementary Examination								
Held in the Year								
Seat No.								
Total Marks / GPA								
Result								

#### Clearing Certificate from the following sections are attached herewith:

- 1) Clearance from College Library: YES NO
- 2) Hostel: Not Availed Availed
- 3) Clearance from Hostel: YES NO
- 4) College Identity Card (Original Return) YES NO
- 5) Enrolment Card (Photocopy). YES NO
- 6) Photocopies of All Mark sheet pass & Fail. YES NO
- 7) Paid Provisional Fee Voucher. YES NO

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Principal  
School of Dental Care Professionals  
DUHS, Ojha Campus

