



**Dow University of Health Sciences, Karachi.**  
Examinations Department

Ref No.: DUHS/EXM/2025-499

**NOTIFICATION**

It is notified for information to the *failure/ repeater candidates* of School of Dental Care Professionals, Ojha Campus that the Examination Form & Fee of **Third Year BS DCP Semester-VI Retake Examination 2024** will be accepted as following up to: **13<sup>th</sup> March, 2025** in the office of the respective College / Institute.

**Examination Fee – As Per Fee Structure**

**IMPORTANT INSTRUCTIONS**

The respective institute / department will receive the forms, paid fee voucher & required documents from the eligible candidates and will submit to the Examinations Department, Dow University of Health Sciences within **THREE DAYS** with a list of candidates completing the required formalities. The Payment Voucher of Enrolment & Examination Fee of each candidate may be enclosed with the forms of the respective candidate. The following documents are required to be attached:

1. *Photocopy of transcript of failure appearing BSDCP Semester-VI Exam 2024.*
2. *Photocopy of the Enrolment Card.*
3. *Original Fee Paid Voucher.*
4. *Paid tuition fee voucher copy must be attached.*
5. *Any other relevant document/ information can be asked to submit in addition to above.*

**Dated: 24-02-2025**

C.c to:

1. The Staff Officer to the Vice-Chancellor, DUHS.
2. The P.A to Pro-Vice-Chancellor, DUHS.
3. The P.A to Registrar, DUHS.
4. The Project Director, Dow University of Health Sciences.
5. The Director, School of Dental Care Professionals, Ojha Campus.
6. The Director Finance, DUHS.
7. The Director, CMS, DUHS.
8. The Officer-Concerned, Web Portal, DUHS.
9. All Concerned.

***Controller of Examinations***