



**4. PRACTICAL / PROFESSIONAL WORK EXPERIENCES**

Institution	Position Held	Duration	From	To

**5. COURSES/WORKSHOPS ATTENDED**

S. No.	Name	Date

**6. LANGUAGE SKILLS (PLEASE TICK IN THE RELEVANT BOX)**

Language	Fair	Good	Excellent
English			
Urdu			
Other			

**7. COMPUTER SKILLS (PLEASE TICK IN THE RELEVANT BOX)**

Language	None	Fair	Good	Excellent
MS Word				
MS Excel				
MS Power Point				
Internet				
Any Other Advance Skill				

**8. ANY ARTICLE PUBLISH IN THE FILED OF MEDICAL EDUCATION**


**9. REASONS FOR SELECTING THIS COURSE**


**10. SOCIAL ENGAGEMENTS / EXTRA CURRICULAR INTEREST**

\_\_\_\_\_

\_\_\_\_\_

**APPLICANT'S DECLARATION**

I certify that the information in this application is accurate to the best of my knowledge. Further more I agree to inform to the admission cell, DUHS immediately of changes and amendments.

I have taken note of the information provided in and regarding this application as well as the notice about the storage of personal data. I accept responsibility for the completeness of my application. I agree that this application and accompanying documents shall remain with the admission cell, Dow University of Health Sciences.

\_\_\_\_\_

Place

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

# Dow University of Health Sciences, Karachi.



## ADMIT CARD FOR ENTRY TEST

\_\_\_\_\_

Program Name with Specialty

SESSION \_\_\_\_\_

**Candidate's Copy**

Roll No.

Name: \_\_\_\_\_

S/o, D/o, W/o: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Tel No: \_\_\_\_\_ Mobile No: \_\_\_\_\_ E-mail: \_\_\_\_\_

Paste Photograph  
Size (1 x 1)

Signature of  
Candidate

Date \_\_\_\_\_

Reporting Time \_\_\_\_\_

Venue **Dow Medical College**

For Official Use  
Name \_\_\_\_\_

Signature \_\_\_\_\_

Seal \_\_\_\_\_

Left Hand  
Thumb  
Impression of  
Candidate

Note See Instruction Overleaf

# Dow University of Health Sciences Karachi.



## ADMIT CARD FOR ENTRY TEST

\_\_\_\_\_

Program Name with Specialty

SESSION \_\_\_\_\_

**DUHS Copy**

Roll No.

Name: \_\_\_\_\_

S/o, D/o, W/o: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Tel No: \_\_\_\_\_ Mobile No: \_\_\_\_\_ Email: \_\_\_\_\_

Paste Photograph  
Size (1 x 1)

Signature of Candidate

Left Hand Thumb  
Impression of  
Candidate

Date \_\_\_\_\_

Reporting Time \_\_\_\_\_

Venue **Dow Medical College**

For Official Use

Date \_\_\_\_\_

Reporting Time \_\_\_\_\_

Venue \_\_\_\_\_

## **INSTRUCTION FOR THE CANDIDATE**

1. If there is any change regarding **Entry Test**, venue or timings, it will be mentioned on DUHS website.
2. Carefully read instructions for attempting test paper, otherwise computer will not read your answers.
3. Candidate must bring this **Admit Card** for test, on the date time and venue given overleaf.
4. **CANDIDATE WILL NOT BE ALLOWED TO APPEAR IN THE TEST WITHOUT THIS ADMITS CARD.**
5. No identification other than this **Admit Card** will be acceptable.
6. Impersonation for the Entrance Test will be considered as a criminal case and will be dealt seriously.
7. Candidate is required to reach the venue at least two (2) hours before the test.
8. Any material or electronic device / mobile phone / calculator etc, will not be allowed, under any circumstances.

If any student is found, using unfair means or cheating he/she will be debarred from the test and admission.

## **IMPORTANT INSTRUCTIONS FOR CANDIDATES**

1. Candidates are advised to read the prospectus carefully for admission to the full Time Postgraduate Program at **Dow University of Health Sciences**, before submitting the application form.
2. Fill all the columns of application form in **BLOCK LETTERS** with **BLACK PEN**.
3. Be sure to tick the appropriate Box in the application form..
4. Photocopies of all required documents must be attested by **Govt. officer, grade 18** and above.
5. Photocopy of the application form and incomplete form will be rejected.
6. No form will be accepted in any case after closing date and time of the application form.
7. Each application for admission should be accompanied by **Non Refundable Entrance Test Fee**” in the form of pay-order in the favour of **Dow University of Health Science, (DUHS)**.
8. Carefully check the **‘Check List / Required Documents’** list mentioned in page # 6 before submitting the application form.
9. Place admit Card in page # 3 and Pay Order will be attached in front page.
10. The application form and required documents completed in all respect should be submitted to United Bank Limited, Baba-e-Urdu Road, Branch, Karachi.
11. If any eligible candidate has not received the admit card 48 hours prior to the entrance Test, he/she should contact **DUHS Admission Office**.
12. In case, there is any change in the date of Entrance test due to some unavoidable situation, it will be notified on the website of DUHS [www.duhs.edu.pk](http://www.duhs.edu.pk)
13. DO NOT submit the original documents along with the application form.
14. All queries should be sent on email address mentioned on the Back page.
15. No candidate should contact personally for any queries.
16. Daily visit the **website of DUHS** for announcement and information’s.
17. In-service candidates should necessary obtain the deputation letter from the concern Department, otherwise their appointments will become invalid.

### **NOTE:**

1. Application processing and entry test Fee of **Rs. 3,000/-** submitted once can’t be refunded under any circumstances.
2. If a selected candidate requested to withdraw the admission on his / her reserved seat after submission of original documents, fee or both. A pay order of **Rs. 5,000/-** in favor of Dow University of Health Sciences will be charged as a penalty to return back his / her original documents.
3. If a candidate paid the caution money entire fee after selection and decided to withdraw later on admission fee of **Rs. 25,000/-** will be charged (after interview’s day)
4. If candidate withdraw the admission after one month during the session, submitted fee will not be refunded under any circumstances.

## **DOCUMENTS CHECK LIST / REQUIRED**

### **PHOTOCOPIES**

1. Matric Certificate / Marks Sheet .....	Yes	No
2. Intermediate Certificate / Marks Sheet .....	Yes	No
3. Degree and Final Year / Consolidate Marks Sheet .....	Yes	No
4. Master Degree .....	Yes	No
5. Photographs (No. 4) .....	Yes	No
6. House Job Certificates (1 – Year) .....	Yes	No
7. Valid PMDC Certificate .....	Yes	No
8. Candidate Domicile .....	Yes	No
9. Candidate PRC .....	Yes	No
10. Candidate CNIC .....	Yes	No
11. Experience Certificate (If Required).....	Yes	No
12. Other Education Certificate (If Any) .....	Yes	No
13. NOC from Competent Authority .....	Yes	No
14. Pay Order for Entrance Test .....	Yes	No
15. Father's CNIC .....	Yes	No

### **NOTE:**

- 1- All photocopies of documents will attached in above sequence.
- 2- Submission of incomplete documents will not be entertained.

# HEALTH CERTIFICATE

Note: (Section A, B, & C will be filled by the candidate)

## SECTION A

Name: \_\_\_\_\_ S/o, D/o \_\_\_\_\_

Age:	Days	Months	Years
------	------	--------	-------

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

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## SECTION B

- |  |     |    |
|--|-----|----|
| 1. Do you smoke? .....                                     | Yes | No |
| 2. Do you take any medicine regularly? .....               | Yes | No |
| If yes, Specify _____                                      |     |    |
| 3. Any history of allergy.....                             | Yes | No |
| 4. Do you suffer from any of the following diseases? ..... | Yes | No |
| i. Epilepsy.....   | Yes | No |
| ii. High Blood Pressure.....                               | Yes | No |
| iii. Psychiatric illness.....                              | Yes | No |
| iv. Rheumatic Heart Disease.....                           | Yes | No |
| v. Hepatitis B/C.....                                      | Yes | No |
| vi. Physical Disability .....                              | Yes | No |

If yes, Specify \_\_\_\_\_

## SECTION C

### Details of previous Vaccination

- |                        |     |
|------------------------|-----|
| 1. Measles.....        | Yes |
| 2. Mumps.....          | Yes |
| 3. Rubella.....        | Yes |
| 4. Tetanus.....        | Yes |
| 5. Pertussis.....      | Yes |
| 6. Whooping Cough..... | Yes |
| 7. Hepatitis B.....    | Yes |

### Detail of Booster Vaccination

- |    |       |
|----|-------|
| No | _____ |
| No | _____ |
| No | _____ |
| No | _____ |
| No | _____ |
| No | _____ |
| No | _____ |

Certification: I hereby certify that the above information given by me is correct.

\_\_\_\_\_  
Signature Father / Mother

\_\_\_\_\_  
Signature