

Courses/workshops attended

S. No.	Name	Date

Language Skills (Please tick in the relevant box)

Language	Fair	Good	Excellent
English			
Urdu			
Other			

Computer Skills (Please tick in the relevant box)

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

Reasons for selecting this course

APPLICANT'S DECLARATION

I certify that the information in this application is accurate to the best of my knowledge. Furthermore 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

Particulars of Father/Mother/ Guardian

1. Name _____

2. Occupation _____ 3. Designation _____

4. Place of work _____

5. Name of organization _____

6. Office Address _____

7. Present Residential Address _____

8. Permanent Address _____

9. Email address _____

10. Office Phone _____ Mobile Phone _____

11. Res. Phone _____

12. Any Other Contact Number _____

13. Annual Income _____ 14. Religion _____

15. Nationality _____

16. NADRA NIC No. _____

(for Pakistani Candidate only)

NOTE: If father is working abroad. These particulars must be endorsed by Pakistan embassy / consulate of the respective country.

Signature of father

Fill all boxes with your present address

Name: _____

Present Address _____

Phone No (Res.): _____

Phone No (Off.): _____

Mobile No. : _____

Email: _____

Name: _____

Present Address _____

Phone No (Res.): _____

Phone No (Off.): _____

Mobile No. : _____

Email: _____

Name: _____

Present Address _____

Phone No (Res.): _____

Phone No (Off.): _____

Mobile No. : _____

Email: _____

Name: _____

Present Address _____

Phone No (Res.): _____

Phone No (Off.): _____

Mobile No. : _____

Email: _____

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: _____

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	No
2. Mumps	Yes	No
3. Rubella	Yes	No
4. Tetanus	Yes	No
5. Pertussis	Yes	No
6. Whooping Cough	Yes	No
7. Hepatitis B	Yes	No

Detail of Booster Vaccination

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

Signature Father / Mother

Signature

IMPORTANT INSTRUCTIONS FOR CANDIDATES

1. Candidates are advised to read the prospectus carefully for admission to the full time Postgraduate Program at **at Institute of Health Management (IHM)** of Dow University of Health Sciences for Session 2015, 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 the last date and time of the application form.
7. Each application for admission should be accompanied by **Non Refundable Entrance Test Fee**” of Rs.1500/- (Rupees One thousand five hundred only) in the form of pay-order in the favour of Dow University of Health Science, (DUHS).
8. Carefully check the **‘Required Documents’** list mentioned in the prospectus before submitting the application form.
9. Specimen of undertaking will be given when the candidate is declared eligible for provisional admission.
10. The application form and required documents completed in all respect should be submitted to United Bank Limited, Baba-e-Urdu Road, Branch, Karachi. Also please submit application form at our website.
11. If any eligible candidate has not received the admit card 48 hrs 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**
13. **DO NOT** submit the original documents alongwith 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 informations.

Dow University of Health Sciences, Karachi.



ADMIT CARD

FOR ENTRY TEST
FOR ADMISSIONS IN
BBA / MBA / EMBA

at Institute of Health Management (IHM)

Session 2015

Candidate's Copy

Roll No.

Name: _____

S/o, D/o, W/o: _____

Postal Address: _____

Please Paste
(1 x 1)
Photograph

Tel No: _____ Mobile No: _____ E.mail: _____

Signature of
Candidate

Date: _____

Reporting Time: _____

Venue: _____

For Official Use

Name: _____

Signature _____

Seal _____

Left Hand Thumb
Impression of
Candidate

Note: See Instructions Overleaf

Dow University of Health Sciences, Karachi.



ADMIT CARD

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BBA / MBA / EMBA

at Institute of Health Management (IHM)

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DUHS Copy

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(1 x 1)
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Signature of
Candidate

Left Hand Thumb Impression
of Candidate

Date: _____

Rep. Time: _____

Venue: _____

For Official Use

Name: _____

Signature _____

Seal _____

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 the test, on the date, time and venue given overleaf.
4. CANDIDATE WILL NOT BE ALLOWED TO APPEAR IN THE TEST WITHOUT THIS ADMIT 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 (02) hours before the test.
8. Any material or electronic device / mobile phone / calculator etc, will not be allowed, under any circumstances.
9. If any student is found, using unfair means or cheating he will be debarred from the test and admission.