



SCHOOL OF POSTGRADUATE STUDIES

DOW UNIVERSITY OF HEALTH SCIENCES

Principal

School of Postgraduate Studies
Dow University of Health Sciences,
Karachi.

Date: _____

SUBJECT: APPLICATION FOR CALCULATION OF TRAINING DEFICIT

Dear Sir/Madam

It is requested that kindly calculate my training deficit .my expected date of completion is _____
Following are the details of my training :

Name of Trainee:		Father's Name:	
Specialty:		Dept.-Unit-Institute:	
Supervisor's Name:		CMS /Enrollment ID:	
Joining Date of Parent ward:		Expected Date of completion:	
Duration of enrolled Training:			

Kindly mention leaves period (leaves more than 5 days) date-wise which will be availed (if any)

S#	Leave Particular	From	To	No of days
1				
2				
3				
4				

Date: _____

Applicant Signature

Supervisor (Sign & Stamp)

Remarks by HOD

- ☐ Recommended
- ☐ Not-recommended

Signature: _____
HOD (SIGNATURE & SEAL)

Important Instruction: A deficit letter will be issued 15 days before the completion of training, along with the complete attendance record.

_____ & _____
Date SPGS Receiving