



SCHOOL OF POSTGRADUATE STUDIES

DOW UNIVERSITY OF HEALTH SCIENCES

Principal

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

Date: _____

APPLICATION FOR IMM CERTIFICATE (2-YEARS)

☐ Tentative

☐ Final

| | | | |
|--------------------------------|--|--|--|
| Name of Trainee: | | Father's Name: | |
| Specialty: | | Dept.-Unit-Institute: | |
| Supervisor's Name: | | Duration of previous training : (if Any) | |
| Joining Date of Parent ward: | | CMS /Enrollment ID: | |
| Duration of enrolled Training: | | Expected Date of completion: | |

Following are the details of my internal & external rotations during my training period. It is requested that please issue my experience certificate for the purpose of Intermediate Module (IMM) examination.

| S# | Internal & External Department | From | To | Supervisor |
|----|--------------------------------|------|----|------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |

Date: _____

Applicant Signature

Supervisor (Sign & Stamp)

Remarks by HOD

☐ Recommended

☐ Not-recommended

Signature: _____
HOD (SIGNATURE & SEAL)

Encl:

1. LOR Rotational department.
2. Supplementary sheet if needed.

Date & SPGS Receiving

Prepared by Danish- SPGS