



# SCHOOL OF POSTGRADUATE STUDIES

DOW UNIVERSITY OF HEALTH SCIENCES

CHECK LIST FOR COMPLETION CERTIFICATE FOR FCPS-II FINAL EXAMINATION

|   |  |                                   |  |
|---|--|-----------------------------------|--|
| NAME:<br>(As per Matriculation Certificate)           |  |                                   |  |
| Father's Name :<br>(As Per Matriculation Certificate) |  |                                   |  |
| Speciality:   |  | Supervisor Name:                  |  |
| Induction Year:                                       |  | Duration of<br>Enrolled training: |  |
| Date of Joining:                                      |  | Date of Relieving:                |  |

| S.NO | Documents   | YES | NO |
|------|---|-----|----|
| 1    | Application for Final Certificate (Attached)  |     |    |
| 2    | Relieving Report from department (Attached)   |     |    |
| 3    | LOR Parent Department   |     |    |
| 4    | LOR Rotational Department   |     |    |
| 5    | Copy of Approval of Synopsis Front Page   |     |    |
| 6    | Administration Charges Voucher /Payorder for every year - (for Govt. / DUHS employee) |     |    |
| 7    | RTMC Certificate  |     |    |
| 8    | Application for Refund of Security Deposit (Attached)                                 |     |    |

**NOTE:** This checklist is applicable for those who complete their training period as mentioned in admission letter

\_\_\_\_\_  
Applicant Signature & Date

\_\_\_\_\_  
Receiver Signature & Date



# SCHOOL OF POSTGRADUATE STUDIES

DOW UNIVERSITY OF HEALTH SCIENCES

Principal

Date: \_\_\_\_\_

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

APPLICATION FOR FINAL EXPERIENCE CERTIFICATE (3-YEARS / 4-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 FCPS-II exam. (Final experience will be issued once after complete all requirement of training).

| 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.
3. Copy of IMM experience certificate.

\_\_\_\_\_  
Date & SPGS Receiving



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DOW UNIVERSITY OF HEALTH SCIENCES

## RELIEVING REPORT (Office Copy)

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

S/o, D/o, \_\_\_\_\_

Specialty: \_\_\_\_\_

Department/Ward-Unit: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Name of Institute: \_\_\_\_\_

Date of First Joining: \_\_\_\_\_

Date of Relieving: \_\_\_\_\_

Deficit If Any: \_\_\_\_\_

Supervisor Comments: \_\_\_\_\_

Phone #: \_\_\_\_\_

Mobile: \_\_\_\_\_

\_\_\_\_\_  
Signature  
Head of Department / Supervisor  
With Stamp

\_\_\_\_\_  
PG's Signature



# SCHOOL OF POSTGRADUATE STUDIES

DOW UNIVERSITY OF HEALTH SCIENCES

## RELIEVING REPORT (Trainee Copy)

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

S/o, D/o \_\_\_\_\_

Specialty: \_\_\_\_\_

Department/Ward-Unit: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Name of Institute: \_\_\_\_\_

Date of First Joining: \_\_\_\_\_

Date of Relieving: \_\_\_\_\_

Deficit If Any: \_\_\_\_\_

Supervisor Comments: \_\_\_\_\_

Phone #: \_\_\_\_\_

Mobile: \_\_\_\_\_

\_\_\_\_\_  
Signature  
Head of Department / Supervisor  
With Stamp

\_\_\_\_\_  
PG's Signature



# SCHOOL OF POSTGRADUATE STUDIES

## DOW UNIVERSITY OF HEALTH SCIENCES

**Director Finance**

Dow University of Health Sciences,  
Karachi.

Date: \_\_\_\_\_

### APPLICATION FOR REFUND OF SECURITY DEPOSIT FOR FCPS/MCPS TRAINEE

I have completed my training at \_\_\_\_\_  
(Name of Institute)

You are requested to refund me the Security Deposit, which is submitted at the time of admission to the Dow University of Health Science Karachi.

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

Program Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

CMS ID #: \_\_\_\_\_ Contact #: \_\_\_\_\_

Date of Joining: \_\_\_\_\_ Date of Relieving: \_\_\_\_\_

Voucher/P.O.# \_\_\_\_\_ Bank Name: \_\_\_\_\_ Amount: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

**(HOD/ SUPERVISOR)**  
(SIGNATURE & SEAL)

### CLEARANCE CERTIFICATE

This is to certify that Mr. /Miss. \_\_\_\_\_  
S/o. D/o. \_\_\_\_\_ bearing Enrolment # \_\_\_\_\_  
has no dues against his/her name:

1. **LIBRARY (CONCERN INSTITUTE)**  
Signature & Seal.....

2. **DIGITAL LIBRARY (CONCERN INSTITUTE)**  
Signature & Seal.....

3. **HOSTEL (CONCERN INSTITUTE)**  
Signature & Seal.....

4. **DEPARTMENT OF PAYROLL (MENTION FEE DEDUCTION)**  
Signature & Seal.....

5. **DEPARTMENT OF CMS**  
Signature & Seal.....

6. **DEPARTMENT OF POSTGRADUATE STUDIES**  
Signature & Seal.....

**Note:**

1. Please attach Photo Copy of RFID / CNIC.
2. Please attach Pay Order / Voucher of Security Deposit.
3. Clearances obtain according to the serial number.
4. Photocopy of the bank cheque from the student's current account.