



SCHOOL OF POSTGRADUATE STUDIES

DOW UNIVERSITY OF HEALTH SCIENCES

CHECK LIST FOR COMPLETION CERTIFICATE FOR FCPS-II FINAL EXAMINATION

NAME: (As per Matriculation Certificate)			
Father's Name : (As Per Matriculation Certificate)			
Speciality:		Supervisor Name:	
Induction Year:		Duration of 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

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

Date: _____

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



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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.