



Dow University of Health Sciences, Karachi.
Examinations Department

Ref No.: DUHS/EXM/2025-2439

NOTIFICATION

It is notified for information to the concerned eligible candidates that the Enrolment and Examination Form of **First Year DPT Semester-I & II Examination 2025** will be accepted as following up to: **07th August, 2025** at respective Institute / Department:

Course	Institute / Department Name	Year / Session
DPT	<i>Dow Institute of Physical Medicine & Rehabilitation</i>	2024
	<i>National Institute of Physical Therapy & Rehabilitation Sciences</i>	
Course	Enrolment Fee	Examination Fee
UNDER GRADUATE PROGRAM	<u>AS PER FEE STRUCTURE</u>	

IMPORTANT INSTRUCTIONS

The respective institute / department will receive the forms, paid fee voucher & required documents from the eligible candidates and will submit to the Examinations Department, Dow University of Health Sciences within **THREE DAYS** with a list of candidates completing the required formalities. The Payment Voucher of **Enrolment & Examination Fee** of each candidate may be enclosed with the forms of the respective candidate. The following documents are required to be attached:

1. *Paid Fee Voucher.*
2. *Photocopy of C.N.I.C or B-Form.*
3. *Two Recent Photographs.*
4. *Paid tuition fee voucher copy must be attached.*
5. ***Any other information / document can be asked to submit in additional to the above.***

Dated: 26-07-2025

C.c to:

1. The Staff Officer to the Vice-Chancellor, DUHS.
2. The P.A to Pro-Vice-Chancellor, DUHS.
3. The P.A to Registrar, DUHS.
4. The Director Finance, DUHS.
5. The Project Director, Dow University of Health Sciences.
6. The Director, DIPM&R, DUHS.
7. The Director, NIPARS, Karachi.
8. The Director, SIMAS, Karachi.
9. The Director, CMS, DUHS.
10. The Officer-Concerned, Web Portal, DUHS.
11. All Concerned.

Controller of Examinations