SCHOOL OF POSTGRADUATE STUDIES
DOW UNIVERSITY OF HEALTH SCIENCES

ROTATION APPLICATION

Date _____

Applicant Instructions:
Postgraduate trainees must submit their rotation application **at least 15 days prior** to the intended date of joining. The application must be duly forwarded through both the **parent unit** and the **rotation unit**.

For **external candidates**, a **No Objection Certificate (NOC)** must be submitted **along with** the rotation application.

Dr _____ S/o D/o _____ FCPS / MCPS trainee

of _____ at _____ wants to do rotation in the

_____ department at _____ Karachi from

_____ to _____.

Kindly allow the rotation and issue me a letter.

Remarks / Comments for the HOD / Supervisor _____

_____
Parent HOD / Supervisor with stamp

_____
Rotation HOD / Supervisor with stamp

_____
Vice-Principal / Program Coordinator
School of Postgraduate Studies
DUHS Karachi