



Dow University of Health Sciences Karachi

Examinations Department

Ref No.: DUHS/EXM/2025-2785

NOTIFICATION

It is notified for information to the concerned eligible candidates of School of Dental Care Professionals, Ojha Campus that the Examination Form & Fee of **Third Year BS DCP Semester-V Retake Examination 2025** (Dental Hygiene) (BATCH – 16) will be accepted as following up to: **12th November, 2025** in the office of the respective College / Institute.

Examination Fee: As Per Fee Structure

IMPORTANT INSTRUCTIONS

The respective college 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 all the required formalities mentioned below. The Payment Voucher of Examination Fee of each candidate may be enclosed with the forms of the respective candidates. The following documents are required to be attached:

1. *Photocopy of transcript of last appearing Exam.*
2. *Photocopy of the Enrolment Card.*
3. *Original Fee Paid Voucher.*
4. *Paid tuition fee voucher copy must be attached.*
5. ***Any other relevant document/ information can be asked to submit in addition to above.***

Dated: 27-10-2025

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 Project Director, Dow University of Health Sciences.
5. The Director, School of Dental Care Professionals, Ojha Campus.
6. The Director Finance, DUHS.
7. The Director, CMS, DUHS.
8. The Officer Concerned, Web Portal, DUHS.
9. All Concerned.

Controller of Examinations