



Dow University of Health Sciences, Karachi.

Examinations Department

Ref No.: DUHS/EXM/2025-2786

NOTIFICATION

It is notified for information to the concerned eligible candidates of constituent institutes of DUHS that the Examination Form & Fee of **First Year BSN Semester-I Repeater Examination 2025** will be accepted as following up to: **05th Nov, 2025** in the office of the respective college / institute.

College / Institute Names		
United College of Nursing and Midwifery	City Institute of Health Sciences	
Bakhtawar Mannar Institute of Nursing	Qadri College of Health Sciences Karachi	
CON (Female) Dr Ruth K M PFAU Civil Hospital Karachi	Memon College of Nursing	
Course	Enrolment Fee	Examination Fee
<u>UNDERGRADUATE</u>	<u>AS PER FEE STRUCTURE</u>	

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 the required formalities. The Payment Voucher of Examination Fee of each candidate may be enclosed with the examination form of the respective candidate. The following documents are required to be attached:

1. Original Paid Fee Voucher.
2. Photocopy of C.N.I.C.
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: 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 Director Finance, DUHS.
 5. The Project Director, Dow University of Health Sciences.
 6. The Director/ Principal, All Affiliated College of Nursing, Karachi.
 7. The Director, CMS, DUHS.
 8. The Director, Q-Bank, DUHS.
 9. The Officer-Concerned, Web Portal, DUHS.
- All Concerned.

Controller of Examinations