Dow University of Health Sciences, Karachi.

Examinations Department

Ref No.: DUHS/EXM/2025-2771

NOTIFICATION

It is notified for information to the ***concerned eligible candidates*** of constituent institutes of DUHS that the *Enrolment and Examination Form & Fee* of **First Year POST RN BSN Semester-I & II Examination 2025** will be accepted as following up to: **25th October, 2025** in the office of the respective college / institute.

College / Institute Names	
OXFORD COLLEGE OF NURSING & ALLIED HEALTH SCIENCES	**********

Course	Enrolment Fee	Examination Fee
UNDERGRADUATE	***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 the required formalities. The Payment Voucher of **Enrolment & Examination Fee** of each candidate may be enclosed with the forms of the respective candidates. 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: 24-10-2025

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.
10. All Concerned.

Controller of Examinations