Dow University of Health Sciences, Karachi.

Examinations Department

Ref No.: DUHS/EXM/2025-2832

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: **10th Nov, 2025** in the office of the respective college / institute.

College / Institute Names	
Oxford College of Nursing and Allied Health	*Fountain College of Nursing and 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 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: 03-11-2025

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