



Dow University of Health Sciences, Karachi.

Examinations Department

Ref No.: DUHS/EXM/2025-3019

NOTIFICATION

It is notified for information to the concerned eligible candidates of Dr. Ishrat ul Ebad Khan Institute of Oral Health Sciences, Ojha Campus that the Examinations Form & Fee of **MDS Third Year Semester-VI Retake Examination 2025** (Clinical – Batch – 11) will be accepted as following up to: **05th January, 2026** in the office of the respective College / Institute.

Examination Fee: AS PER FEE STRUCTURE.

IMPORTANT INSTRUCTIONS

The respective college/ institute 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. Photocopy of transcript of last appearing in MDS Semester - VI.
2. Photocopy of the Enrolment Card.
3. Original Fee Paid Voucher.
4. Photocopy of the College Identity Card.
5. Paid tuition fee voucher copy must be attached.
6. **Any other relevant document / information can be asked to submit in addition to above.**

Dated: 09-12-2025

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, Finance, DUHS.
6. The Principal, School of Postgraduate Studies, DUHS.
7. The Director, MDS Program, DIEKIOHS, (Orthodontics) Ojha Campus.
8. The Director, CMS, DUHS.
9. The Web Manager, DUHS.
10. All Concerned.

Controller of Examinations