



# Dow University of Health Sciences Karachi

## Examinations Department

Ref No.: DUHS/EXM/2026-427

### **NOTIFICATION**

It is notified for information to the concerned candidates of the following course at Constituent Institute of Dow University of Health Sciences, that the Examination Form & Fee of **MHPE FIRST YEAR SEMESTER - II 2<sup>ND</sup> RETAKE EXAM 2025 (BATCH 11)** will be accepted as following up to: **23<sup>rd</sup> February, 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 forms of the respective candidates. The following documents are required to be attached:

1. *Original Fee Paid Voucher.*
2. *Photocopy of the College Identity Card*
3. *Attested Photocopy of C.N.I.C.*
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: 11-02-2026**

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 Program Director MHPE, Ojha Campus
7. The Principal of SPGS, DUHS.
8. The Director, CMS, DUHS.
9. The Officer-Concerned, Web portal, DUHS.
10. All Concerned.

***Controller of Examinations***