



DOW UNIVERSITY OF HEALTH SCIENCES

Baba-e-Urdu Road, Karachi, Pakistan & 99204776 Facsimile 992013 72 Website: www.duhs.edu.pk

Ref. No. _____

Dated: _____

Controller

Examination Department
Dow University of Health Sciences
Karachi

Most Recent
Four Passport
Size
Photograph

APPLICATION FOR PROVISIONAL CERTIFICATE

(To be submitted to Director Research through the Head of the Department.)

I hereby apply for provisional certificate for _____
(Degree) the requirements for which I have successfully completed.
The clearance forms from various sectional / departmental heads have been obtained.

(Signature.)

(Name of Candidate)

1. Enrollment Card
 - a. Enrolment Extension/Re-Admission (If Applicable)
 2. DUHS-GAT / NTS-GAT/GRE Result
 3. Transcripts of all semester exams
(Certified by departmental Head)
 4. Comprehensive Exam Result
(only for MHPE / PhD)
 5. Fee Certificate
(Issue by Fee Section, Head Office)
 - a. Research Project/Thesis Evaluation Fee
 6. BASR Project/Thesis Approval Letter
 7. Original RF ID Card
(Required After having BASR Approval Letter)
 8. Published Original Article
(Only for PhD)
 9. Departmental Clearance (Departmental Head)
 - a) Liabilities
 - b) Return of Equipment
 - c) Departmental Library
 10. Central Library (Ojha Campus)
 11. Animal House
 12. DDRL
 13. DRIBBS
 14. Dow Radiology
- for office use

Provisional Certificate be issued as per rules.

Secretary,
Board of Advanced Studies & Research
Dow University of Health Sciences, Karachi



DOW UNIVERSITY OF HEALTH SCIENCES

Baba-e-Urdu Road, Karachi, Pakistan & 99204776 Facsimile 992013 72 Website: www.duhs.edu.pk

Ref. No. _____

Dated: _____

The Chairperson

Board of Advanced Studies & Research

Dow University of Health Sciences

Karachi

CLEARANCE FORM (For Project)

MBA / EMBA

(To be submitted to Director Research through the Head of the Department.)

I hereby submit four hard copies and soft copy of my project with plagiarism report entitled

_____ for

_____ (degree) examination written on the conclusion of research

supervised by _____ (Supervisor). I request

that my project evaluation may please be approved.

The clearance from various sectional / departmental heads has also been obtained.

(Signature.)

(Name of Candidate)

1. Enrollment Card
a. Enrolment Extension/Re-Admission (If Applicable) _____
2. NTS-GAT / DUHS-GAT/GRE Result _____
3. Transcripts of all semester exams
(Certified by departmental Head) _____
4. Comprehensive Exam Result
(only for MHPE / PhD) _____
5. Fee Certificate
(Issue by Fee Section, Head Office)
a. Research Project Evaluation Fee
(Voucher Attached) _____
6. Synopsis Approval Letter from IRC/IRB _____
7. Departmental Clearance (Departmental Head)
a) Liabilities _____
b) Return of Equipment _____
c) Departmental Library _____
8. Central Library (Ojha Campus) _____
9. Animal House _____
10. DDRL _____
11. DRIBBS _____
12. Dow Radiology _____

Signature and Stamp of Principal/Director of the College/Institute



DOW UNIVERSITY OF HEALTH SCIENCES

Baba-e-Urdu Road, Karachi, Pakistan & 99204776 Facsimile 992013 72 Website: www.duhs.edu.pk

The Chairperson

Board of Advanced Studies & Research
Dow University of Health Sciences
Karachi

CERTIFICATE OF RESEARCH PROJECT COPY FOR LIBRARY RECORD

I _____ (candidate name) bearing _____ (Enrolment #) hereby submit project titled _____

receiving copy for _____ (degree) examination written on the conclusion of research supervised by _____ (Supervisor).

Its defense was held on _____ (dd/mm/yyyy). Please find the attached copy signed by the concern candidate and supervisor for your library record endorsed by the Board of Advanced Studies and Research (Stamp on first page of the project)

A copy of the Research project has been received

1. Program Director _____
Sign & Stamp _____ dd/mm/yyyy
2. Incharge Central Library (Ojha Campus) _____
Sign & Stamp _____ dd/mm/yyyy

(Signature)

(Name of Candidate)



DOW UNIVERSITY OF HEALTH SCIENCES

Baba-e-Urdu Road, Karachi, Pakistan & 99204776 Facsimile 992013 72 Website: www.duhs.edu.pk

Ref. No. _____

Dated: _____

CERTIFICATE OF RELEASE FROM THE BOND

(Name of the Candidate)

is hereby released from the bond to serve the university after successful completion of

(Name of the Program)

Reason for release:

1. Bond is not applicable (Private candidate) _____
2. Bond has been completed as per university requirement _____
3. Bond money has been deposited with the finance department

Details of deposition bond money

Pay order Number _____, Dated _____

draw on _____
(Name of the Bank and Branch)

amount _____ (_____)
(in figures) (in words)

Attach copy of Pay Order and Vouchers submitted to UBL Baba e Urdu Road Branch.

Signature

1. Director Finance

2. Registrar DUHS

Stamp:

Date:



DOW UNIVERSITY OF HEALTH SCIENCES
SCHOOL OF POSTGRADUATE STUDIES

Ref. No. _____

Dated: _____

(Revised)

CERTIFICATE OF NO DISCIPLINARY ACTION

It is hereby certified that no disciplinary action by the University is pending against

Who is a candidate of _____

of session _____

Signature & Seal
Program Director,

Signature & Seal
Principal,
School of Postgraduate Studies,
Dow University of Health Sciences, Karachi.

Signature & Seal
Registrar,
Dow University of Health Sciences, Karachi.