Dow University of Health Sciences, Karachi.

Examinations Department

Ref No.: DUHS/EXM/2026-2266

NOTIFICATION

It is notified for information to the ***concerned eligible candidates*** of affiliated Colleges / Institutes of DUHS that the *Examination Form & Fee* of **First Year POST RN BSN Semester-I Repeater Examination 2026** will be accepted as following up to: **06th Oct, 2026** in the office of the respective college / institute.

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. *Photocopy of transcript of failure appearing in POST RN BSN Semester-I Exam 2025.*
2. *Photocopy of the Enrolment Card.*
3. *Original Fee Paid Voucher.*
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: 28-09-2026

C.c to:

1. The Staff Officer to the Vice-Chancellor, DUHS.
2. Advisor to the Vice-Chancellor, DUHS.
3. The P.A to Pro-Vice-Chancellor, DUHS.
4. The P.A to Registrar, DUHS.
5. The Director Finance, DUHS.
6. The Project Director, Dow University of Health Sciences.
7. The Director/ Principal, All Affiliated College of Nursing, Karachi.
8. The Director, CMS, DUHS.
9. The Director, Q-Bank, DUHS.
10. The Officer-Concerned, Web Portal, DUHS.
11. All Concerned.

Controller of Examinations