



Dow University of Health Sciences, Karachi.

Examinations Department

Ref No.: DUHS/EXM/2026-2232

NOTIFICATION

It is notified for information to the concerned eligible candidates of affiliated Colleges / institutes of DUHS that the Enrolment and Examination Form & Fee of **First Year POST RN BSN Semester-I & II Examination 2026** will be accepted as following up to: **26th September, 2026** in the office of the respective college / institute.

College / Institute Names	
Advanced Health Sciences Institute of Nursing Karachi.	Rehman Institute of Nursing and Health Sciences.
Horizon School of Nursing and Health Sciences.	*****

Course	Enrolment Fee	Examination Fee
<u>UNDERGRADUATE</u>	<u>AS PER FEE STRUCTURE</u>	

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 **Enrolment & 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 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: 22-09-2026

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