



# Dow University of Health Sciences, Karachi.

## Examinations Department

Ref No.: DUHS/EXM/2023-1788

### **NOTIFICATION**

It is notified for information to the failure / repeater candidates of Dow Institute of Nursing & Midwifery, Ojha Campus & affiliated institute/ colleges that the Examination Form & Fee of **Fourth Year BSN (04 Years Program) Semester-VII Retake Examination 2023** will be accepted as following up to: **03<sup>rd</sup> January, 2024** in the office of the respective College / Institute.

## **EXAMINATION FEE Rs: 5,000/-**

### **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 transcripts of failure appearing in BSN Semester-VII (Regular)*
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: 13-12-2023**

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 Director Finance, DUHS.
5. The Project Director, Dow University of Health Sciences.
6. The Director/ Principal, DION&M, Ojha Campus.
7. The Director/ Principal, All Affiliated Colleges of Nursing, Karachi.
8. The Director, CMS, DUHS.
9. The Officer Concerned, Web Portal, DUHS.
10. All Concerned.

*Controller of Examinations*