APPLICATION FORM for ADMISSIONS in

DOCTOR OF PHARMACY (PHARM - D)

Morning & Evening Program (Session 2018-19)

AT DOW COLLEGE OF PHARMACY, DOW UNIVERSITY OF HEALTH SCIENCES

Photograph

Fill the form in block lette	ers.						
Name of Applicant			Father's	Name			
Birth Date	Birth Locati	Birth Location—————Birth Country—————Age on closing date					
National ID No. Or "B" Form No.			Marital Status	Rel	igionMa	le Female	
Home Address	Address Tel No (Present)						
				Mo	bile:		
Home Address(as mentioned in NIC)				E-ı	mail:		
	Candid	date's	Fath	ner's	Guar	ardian's	
	Domicile	PRC	Domicile	PRC	Domicile	PRC	
Certificate No.							
District Name							
Date of Issue							
Place of Issue							
	AC	ADEMIC RE	CORD OF CA	ANDIDATE			
Level of Study		Name	e & Place of Inst	titution		Passing Year	
Matric / O Level / Equivalent							
Inter Science / A Lev / Equivalent	rel						
Interest in any other Profession							
	ACADEA	AIC RECORD	OF BROTHI	ERS & SISTE	ERS		
Level of Study		Name	e & Place of Inst	titution		Passing Year	
Matric / O Level / Equivalent							
Inter Science / A Lev / Equivalent	el						
(If any Professional education (Current or Pa	ast)						

Particulars of Father/Mother/ Guardian

Name			Male	Female
Marital Status	Relationship wit	h Candidate _		
National ID No.		Place of Issue	•	
Home Address (Present)			Tel No	
-			Mobile No	
Home Address (as mentioned in NIC)				
Fathes/Guardian Income	Оссиј	oation		
Department		Emp	loyer	
Designation Hig	ghest Eucation Level		Citizenship of Pro	ovince
	Candidates Co-curr	icular Activi	ties	
A) Did you do any Research Work? If yes give detail.	Candidates Co-curr	icular Activi	ties	
B) Are you good in any Sports? If yes give detail.				
NOTE: I	NCOMPLETE FOR	RM WILL BE	REJECTED)
Paid Fee Voucher of Rs.1,500/		- Yes	No 🗍	
Matric Marks Sheet attached		Yes	No 🗍	
Matric Pass Certificate attached -			No 🗍	
Intermediate/A-Level Marksheet			No 🗍	
Candidate's Domicile attached			No 🗍	
Candidate's PRC attached			No 🗍	
Father's Domicile attached		- Yes	No 🗍	
Father's CNIC attached			No 🗌	
Candidate's CNIC / B form attach	ed	_ Yes	No 🗌	
Left hand thumb impression of Applicant	Applicant's S	ignature	Fat	her's / Guardian Signature

CERTIFICATE FROM PRINCIPAL OF SCHOOL (LAST ATTENDED)

This is to certify that Mr. / Miss	Son / daughter of
Λr	_ was a student of this school having been
admitted intoclass from	till
Name of School	
Address of School	
Name of Student and Father's Name	
Present Address	
Permanent Address	
Date of Birth ————————————————————————————————————	— Distinctions (If any)
ast Examination Passed	_
(a) Seat No.	
(b) Enrolment No	
(c) Total Marks obtained	/ Maximum Marks
(d) Division / Grade obtained	Percentage Obtained
t is further certified that during his/her, per	riod of stay, conduct & character was
Place	
Date	

SIGNATURE OF THE PRINCIPAL WITH SEAL

CERTIFICATE FROM PRINCIPAL OF COLLEGE (LAST ATTENDED)

This is to certify that Mr. / Miss $_$		Son / daughter of
Mr		was a student of this school having been
admitted into	class from_	till
Name of School		
Address of School		
1) Name of Students and Father	's Name	
2) Present address		
3) Permanent Address		
4) Last examination passed	_	
a. Date of Passing		College Registration No
b. Marks obtained in College Marks C	e examination (If Obtained	held) before annual exam. <u>Max Marks</u>
(i) Physics———		
(ii) Chemistry—		
(iii)Biology—————		
c. Total Marks Obtainede. Whether received any was student of the college, if	arning or punishm	num Marks ent during the time when he/she was
It is further certified that du	_	od of stay in this college his/her work,
Place		
Date		SIGNATURE OF THE PRINCIPAL

SIGNATURE OF THE PRINCIPAL WITH SEAL

Fill all boxes with your present address

Name:	Name:	
Present Address		
		_
Phone No (Res.):	Phone No (Res.):	
Phone No (Off.):	Phone No (Off.):	_
Mobile No. :	Mobile No. :	
Email:		
Name:		
Present Address	Present Address	
Phone No (Pos.):	Phone No (Pos.):	
Phone No (Res.):	‡	
Phone No (Off.):	Phone No (Off.):	
Mobile No. :		

IMPORTANT INSTRUCTIONS FOR CANDIDATES

- 1. Fill all the columns of Application Form in BLOCK LETTERS with BLACK PEN.
- 2. Be sure to tick the appropriate Box in the Application Form.
- 3. Photocopies of all required documents must be attested by Govt. officer, Grade 18 and above.
- 4. Photocopy of the Application Form and incomplete form will be rejected.
- 5. No form will be accepted in any case after the last date and time of the Application Form.
- 6. Carefully check the 'Required Documents' list mentioned in the Application Form.
- 7. Specimen of undertaking will be given when the candidate is declared eligible for provisional admission.
- 8. Prospectus & Application Form can be download from DUHS Website: www.duhs.edu.pk
- 9. The Application Form and required documents should be submitted to United Bank Limited, Baba-e-Urdu Road, Branch, Karachi.
- 10. Each Application should be accompanied by Non-Refundable Application Processing Fee" of Rs.1,500/- (Rupees one thousand five hundred only) Paid Fee Voucher in UBL, Baba-e-Urdu Road Branch, Karachi.
- 11. If anyone does not apply for Admission in MBBS & BDS (Session 2018-19) then, NTS Entry Test Form alongwith Voucher can be downloaded from NTS website: www.nts.org.pk and should be sent to NTS Head Office, Islamabad through courier (to be considered for Admission in Doctor of Pharmcy (Pharm D).
- 12. Result of Entry Test for **Admissions in MBBS & BDS** (Session 2018-19) schduled on **Sunday 28th October 2018** will be utilized for the Admission in Doctor of Pharmcy (Pharm D).
- **13. DO NOT** submit the original documents alongwith the Application Form.
- 14. All queries should be sent on email at: admissions@duhs.edu.pk.
- 15. No candidate should contact personally for any queries.
- 16. Daily visit the website of DUHS for announcement and informations.
- 17. Do not forget to keep the Photocopy of the application form in your own record.

Due Date: 26/10/2018 Applicant Copy DOCTOR OF PHARMACY (PHARM - D) Note: The Fee amount should be deposited with the Application DOW UNIVERSITY OF HEALTH SCIENCES Baba-e-Urdu Road Branch, Karachi- 0401 Rs.1,500.00 Rs.1,500.00 AMOUNT (Session 2018-19) Rupees: One thousand five hundred Only UBL A/C # 101-3400-6 **DMC CAMPUS** Receiving Branch Stamp & Signature Form at authorized UBL Branches. Application Processing Fee **DETAIL OF FEES Applicant Signature** Matric Roll No: FATHER NAME: NAME: Total DOCTOR OF PHARMACY (PHARM - D) Due Date: 26/10/2018 Application Form Copy Note: The Fee amount should be deposited with the Application DOW UNIVERSITY OF HEALTH SCIENCES Baba-e-Urdu Road Branch, Karachi- 0401 Rs.1,500.00 Rs.1,500.00 AMOUNT (Session 2018-19) Rupees: One thousand five hundred Only UBL A/C # 101-3400-6 **DMC CAMPUS** Receiving Branch Stamp & Signature Form at authorized UBL Branches. Application Processing Fee **DETAIL OF FEES** Applicant Signature Matric Roll No: FATHER NAME: NAME: Total DOCTOR OF PHARMACY (PHARM - D) Due Date: 26/10/2018 DUHS A/C Cop) Note: The Fee amount should be deposited with the Application DOW UNIVERSITY OF HEALTH SCIENCES Baba-e-Urdu Road Branch, Karachi- 0401 Rs.1,500.00 Rs.1,500.00 AMOUNT (Session 2018-19) Rupees: One thousand five hundred Only UBL A/C # 101-3400-6 **DMC CAMPUS** Receiving Branch Stamp & Signature Form at authorized UBL Branches. Application Processing Fee **DETAIL OF FEES Applicant Signature** Matric Roll No: FATHER NAME: NAME: Total DOCTOR OF PHARMACY (PHARM - D) Due Date: 26/10/2018 Collecting Branch Copy Note: The Fee amount should be deposited with the Application DOW UNIVERSITY OF HEALTH SCIENCES Baba-e-Urdu Road Branch, Karachi- 0401 Rs.1,500.00 Rs.1,500.00 AMOUNT (Session 2018-19) Rupees: One thousand five hundred Only UBL A/C # 101-3400-6 **DMC CAMPUS** Receiving Branch Stamp & Signature Form at authorized UBL Branches. Application Processing Fee **DETAIL OF FEES Applicant Signature** Matric Roll No: FATHER NAME: NAME: Total