



# DHA SUFFA UNIVERSITY

Off Khayaban-e-Tufail, Phase-VII (Ext), DHA, Karachi-75500

Tel:+92-21-35244851-53, Fax:+92-21-35244855

Email: [admissions@dsu.edu.pk](mailto:admissions@dsu.edu.pk) Website: [www.dsu.edu.pk](http://www.dsu.edu.pk)

## ADMISSION APPLICATION FORM FOR PHD PROGRAM

### PROGRAM & SEMESTER APPLIED FOR:

(Submit separate application for each desired program)

Admission desired for: Fall  Spring  Year: \_\_\_\_\_

Department \_\_\_\_\_ Program \_\_\_\_\_ Major (if any): \_\_\_\_\_

### PERSONAL INFORMATION:

Name: \_\_\_\_\_  
First Middle Last

CNIC/Passport #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M  F   
DD/MM/YYYY

Father's Name: \_\_\_\_\_  
First Middle Last

<u>Mailing Address</u>
Address: _____ _____
City: _____
Tel (Home): _____
Cell: _____
Email: _____

<u>Permanent Address (if different)</u>
Address: _____ _____
City: _____
Tel: _____

### EDUCATIONAL INFORMATION:

University/Institute: _____ _____
Major: _____
Degree Earned: _____
CGPA/Percentage: _____ Date: _____ MM/YYYY

University/Institute: _____ _____
Major: _____
Degree Earned: _____
CGPA/Percentage: _____ Date: _____ MM/YYYY

Intermediate or Equivalent: _____ (For example, FSc (Pre-Engg), I.Com, FA, A-Level, etc.)
Institution/Board: _____ Percentage/Grade: _____ Date: _____ MM/YYYY

Academic honors and awards, if any: \_\_\_\_\_

Publications/Conferences, if any: \_\_\_\_\_

Names of persons whose recommendation you have attached:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Citizenship: Pakistani  Non-Pakistani  Country: \_\_\_\_\_ Authorization to study or work: \_\_\_\_\_

Have you ever applied to the DHA Suffa University, Karachi before? Yes  No

## UNDERTAKING:

1. Have you ever been found responsible for a disciplinary violation at an educational institute you have attended from 9<sup>th</sup> grade (or the international equivalent) onward, whether related to academic misconduct or behavioral misconduct that resulted in your probation, suspension, removal, dismissal or expulsion from the institute?  
Yes  No

2. Have you ever been convicted of a felony or other crime?  
Yes  No

**Note:** If your answer is "yes" to either or both of the above questions, please submit a separate sheet that gives the approximate date of each incident and explains the circumstances. Mail directly to the Admissions Office and mark the envelope: CONFIDENTIAL. We will carefully review the circumstances surrounding your situation. A "yes" answer does NOT necessarily disqualify you for consideration at the DHA Suffa University.

3. I certify that I am in possession of the specified qualification for admission, at the time of application to DHA Suffa University (DSU). I understand and agree that my admission in DSU, if granted, shall be provisional. My admission shall be confirmed only after verification of my educational documents. In case my admission is canceled due to my failure to meet the eligibility criteria, I shall not be entitled to the refund of any fee deposited by me except the Caution Money.
4. If granted admission, I shall abide by all the Rules, Policies and Regulations of DHA Suffa University, as modified and notified from time to time.
5. My application material becomes the property of DSU and in no case will be given to me or a third party.
6. Any decision made by DSU regarding my admission application will be accepted by me.
7. By signing below, I certify that the information I have provided on this form and on my related application materials is complete and correct, and, that I have read, understood, and complied with all pertinent instructions.

Name: \_\_\_\_\_ CNIC/Passport #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
DD/ MM/ YYYY

## APPLICATION CHECKLIST:

- APPLICATION FORM:** Complete and sign the admission application form.
- COPY OF CNIC/PASSPORT:** Please attach photocopy of CNIC/Passport.
- PHOTOGRAPHS:** Please attach 3X passport size (2" x 2") photographs on white background.
- STATEMENT OF PURPOSE:** On the specified form, submit a brief, carefully worded statement indicating your immediate and long-range goals, stating any areas of specific interest and experience that may be relevant to your PhD program.
- RESEARCH PROPOSAL:** Please attach a preliminary research proposal.
- LETTERS OF RECOMMENDATIONS:** On the prescribed form obtain three recommendations from instructors who have taught you, ideally, in the field of study for which you are applying. Letters may also be from employers or supervisors who are in a position to compare your performance to that of your peers. The letters must be attached in sealed envelopes, with other application materials.
- APPLICATION FEE:** The application fee is PKR 2,000/-. This fee is non-refundable and must be received before your application can be processed.
- OFFICIAL TRANSCRIPTS/DEGREES:** Provide all official transcripts with appropriate bachelor degree awarded. If applicable, please include any post-baccalaureate transcripts. If you received your degree from DHA Suffa University, Karachi, Pakistan, we will obtain your transcripts.
- PEC REGISTRATION CERTIFICATE:** Please attach a copy of PEC registration certificate (For Engineers only)
- OFFICIAL TEST SCORE REPORT(S):** Submit official test score report for the applicable GAT or GRE tests.

**Submit all application materials to:**  
Admissions Office, Off Kh-e-Tufail, Phase-VII Ext., DHA, Karachi, Pakistan



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## **PHD ADMISSION STATEMENT OF PURPOSE**

### **APPLICANT DETAILS:**

Name of Applicant: \_\_\_\_\_  
First Middle Last

Program: \_\_\_\_\_

### **INSTRUCTIONS FOR APPLICANT:**

In the space given below write a statement of purpose:

- Why are you applying for admission to the above Ph.D. program at DHA Suffa University?
- Justify that you are adequately prepared to undertake Ph.D. studies at DHA Suffa University in the above program.

**Note:** Please attach extra sheets, if required.

Date: \_\_\_\_\_  
DD/MM/YYYY

Signature: \_\_\_\_\_



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## PHD ADMISSION RECOMMENDATION FORM

### INSTRUCTIONS FOR APPLICANT:

Applicant will complete the top section of this form and give it to the referee. After its submission, this form becomes the property of the University.

### APPLICANT DETAILS:

Name: \_\_\_\_\_  
First Middle Last  
Program: \_\_\_\_\_ Date: \_\_\_\_\_ DD/MM/YYYY Signature: \_\_\_\_\_

### INSTRUCTIONS FOR REFEREE:

Please comment on the applicant's character and ability to carry out advanced study and research. Compare the applicant to others you have known in this field. Please place the completed/filled form in an envelope, seal it, sign it and return directly to the applicant.

### EVALUATION OF APPLICANT BY REFEREE:

ATTRIBUTE	UPPER 1 OR 2%	UPPER 10% BUT NOT UPPER 1 OR 2%	UPPER 25% BUT NOT UPPER 10%	UPPER HALF BUT NOT UPPER 25%	Below 50%	NO BASIS FOR JUDGEMENT
Oral Expression						
Emotional Maturity						
Scholastic Ability						
Imagination & Creativity						
Potential for Academic Growth						
Perseverance						
Ability to Work with Professional Colleagues						
Potential for Success in this Program						

Please explain in what capacity you have known the applicant and the basis for your recommendation. You may write a separate letter and attach it to this form.

I have known the candidate for ----- years and ----- months.

### RECOMMENDATION OF REFEREE:

WOULD / WOULD NOT RECOMMEND THE CANDIDATE WITH / WITHOUT RESERVATION.  
I

### REFEREE DETAILS:

Name: \_\_\_\_\_ Institution: \_\_\_\_\_  
Position: \_\_\_\_\_ Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Website (if any): \_\_\_\_\_ Date: \_\_\_\_\_ DD/MM/YYYY Signature: \_\_\_\_\_



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### REFEREE DETAILS:

Name: \_\_\_\_\_ Institution: \_\_\_\_\_

Position: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Website (if any): \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
DD/MM/YYYY



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I have known the candidate for ----- years and ----- months.

### RECOMMENDATION OF REFEREE:

WOULD / WOULD NOT

WITH / WITHOUT

I   RECOMMEND THE CANDIDATE   RESERVATION.

### REFEREE DETAILS:

Name: \_\_\_\_\_ Institution: \_\_\_\_\_

Position: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Website (if any): \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
DD/MM/YYYY