



**CLAIM FORM REGARDING DATA VERIFICATION OF BDS  
COURSE SESSION 2022-2023, LUMHS JAMSHORO**

Name of Candidate	
Father's Name	
District	
MDCAT No.	
Contact No.	
CNIC or B-Form No. (candidate)	

NATURE OF CLAIM/OBJECTION			
S. #	TYPE OF OBJECTION	DISPLAY	CLAIM
01	Candidate's Domicile		
03	Matric/O-Level Passing Year		
04	Matric/O-Level Obtained Marks		
05	Matric/O-Level total Marks		
06	Inter/A-Level Passing Year		
07	Inter/A-Level Obtained Marks		
08	<b>Chemistry</b> Theory/Practical		
09	<b>Physics</b> Theory/Practical		
10	<b>Biology</b> Theory/Practical		
11	MDCAT Year		
12	MDCAT Score		
13	Any other		

CANDIDATE'S SIGNATURE

Dated:

**Last Date of submission: 08/01/2023**

**Time: 4:00 pm**