



**CLAIM FORM REGARDING DATA VERIFICATION OF MBBS
COURSE FOR PUBLIC SECTOR MEDICAL & DENTAL
UNIVERSITIES / COLLEGE (SINDH PROVINCE) SESSION
2024-2025**

Name of Candidate	
Father's Name	
District	
MDCAT-2024 Roll No.	
Contact No.	
CNIC or B-Form No. (candidate)	

NATURE OF CLAIM/OBJECTION			
S. #	TYPE OF OBJECTION	DISPLAY	CLAIM
01	Candidate's Domicile		
02	Matric/O-Level Passing Year		
03	Matric/O-Level Obtained Marks		
04	Matric/O-Level Total Marks		
05	Inter/A-Level Passing Year		
06	Inter/A-Level Obtained Marks		
07	Inter/A-Level Total Marks		
08	Any other		

CANDIDATE'S SIGNATURE

Dated: