



**CLAIM FORM REGARDING DATA VERIFICATION OF BDS-UDP
SELF FINANCE 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

CANDIDATE'S SIGNATURE

Dated: