CLAIM FORM FOR PROVISIONAL MERIT LIST OF BDS PROGRAM SESSION 2023-2024, LUMHS JAMSHORO

Name of Candidate															
Father's Name															
District															
MDCAT Roll No.															
Mobile 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 as per IBCC Equivalence Obtained Marks		
03	Matric/O-Level total Marks		
04	Intermediate Year		
05	Inter /A-Level as per IBCC Equivalence Obtained Marks		
06	Any other		

CANDIDATE'S SIGNATURE
Dated: