



CLAIM FORM REGARDING ELIGIBILITY LIST OF PHARM-D
PROGRAM SESSION 2022-23

DUHS Copy

Candidate's Name														
Father's Name														
CNIC or B-Form No. (candidate)						-							-	

NATURE OF CLAIM / OBJECTION			
S. #	TYPE OF CLAIM / OBJECTION	DISPLAY	CLAIM
01	Candidate's Domicile		
02	Matric/ O-Level Passing Year		
03	Matric / O-Level Obtained Marks		
04	Inter / A-Level Passing Year		
05	Inter / A-Level Obtained Marks		
06	Chemistry Theory/Practical (for those who have passed in year 2021)		
07	Physics Theory/Practical (for those who have passed in year 2021)		
08	Biology Theory/Practical (for those who have passed in year 2021)		