CLAIM FORM REGARDING ELIGIBILITY LIST OF MBBS 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	Tag District (for the candidates of SMBBMC Lyari)		
02	Candidate's Domicile		
03	Father's Domicile		
04	Matric/ O-Level Passing Year		
05	Matric / O-Level Obtained Marks		
06	Inter / A-Level Passing Year		
07	Inter / A-Level Obtained Marks		
08	**Chemistry** Theory/Practical		
09	**Physics** Theory/Practical		
10	**Biology** Theory/Practical		
11	MDCAT Year		
12	MDCAT Score		