



**CLAIM FORM REGARDING DATA VERIFICATION OF MBBS
COURSE, LUMHS, JAMSHORO SESSION 2025-2026**

Name of Candidate				
Father's Name				
District				
MDCAT Detail	Year		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: