



**Claim form for Eligibility List of Allied Health Sciences at  
Dow University of Health Sciences, Karachi (Session 2023-24)**

**DUHS Copy**

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

<b>NATURE OF CLAIM / OBJECTION</b>			
<b>S. #</b>	<b>TYPE OF CLAIM / OBJECTION</b>	<b>DISPLAY</b>	<b>CLAIM</b>
<b>01</b>	<b>Matric / O-Level as per IBCC equivalence Obtained Marks</b>		
<b>02</b>	<b>Intermediate / A-Level as per IBCC equivalence Obtained Marks</b>		
<b>03</b>	<b>Candidate's Domicile</b>		