Claim form for DATA Verification for MBBS PROGRAM in Sindh Province (PUBLIC SECTOR INSTITUTES) academic session 2025-26

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	Matric / O-Level as per IBCC equivalence Obtained Marks		
03	Intermediate / A-Level as per IBCC equivalence Obtained Marks		
04	MDCAT Score		
05	Father PRC and Domicile		