



**Claim form for ELIGIBILITY LIST for BDS PROGRAM
(PRIVATE MEDICAL & DENTAL UNIVERSITIES / COLLEGES OF
SINDH PROVINCE) Academic session 2023-24**

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	Matric / O-Level as per IBCC equivalence Obtained Marks		
02	PASSING YEAR Intermediate / A-Level as per IBCC equivalence Obtained Marks		
03	MDCAT 2023 Score		