



# University of Health Sciences

Khayaban-e-Jamia Punjab, Lahore

## APPLICATION FOR RE-CHECKING OF THE RESULT OF MCAT

Particular to be filled in by the candidates and to reach the University Office along with the prescribed fee within 15 days after the declaration of result.

1. Name (In block letters) \_\_\_\_\_

2. Father's Name (In block letters) \_\_\_\_\_

3. Roll No. \_\_\_\_\_

4. Fee Paid Rs: \_\_\_\_\_ Mode of Payment  Draft  Bank Receipt

5. Draft / Bank Receipt No: \_\_\_\_\_ Date: 

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(DD / MM / YYYY)

Signature of the Applicant: \_\_\_\_\_

Full Address: \_\_\_\_\_

Note: Application on the prescribed form accompanied by a fee Rs.200/- per candidate shall be entertained if received within 15 days from the date of declaration of the result. Application form received after the prescribed limit shall not be entertained under any circumstances.

**NOTE: Attach original Bank Draft/Bank Receipt with this form.**

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