No._____

UNIVERSITY OF HEALTH SCIENCES LAHORE

MDCAT-2025 Recounting Request Form

(Please email this form along with required documents at recounting.mdcat2025@uhs.edu.pk

Name of Candidate : _____

Father's Name : _____

CNIC : _____

Paper ID : _____

Roll No. MDCAT-2025 : _____

Test Centre : _____

City: _____ Mobile No. _____ Email: _____

Brief description/ (if any):

Self-Scored Marks = ☐ **Official Result** ☐

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Note: For Recounting, please attach the clear scanned copies of your Admittance Card, carbon copy of your Response Form, and your CNIC/JV/B-Form/Passport, and paid challan of:

1. Recounting = Rs. 4000 (Non-Refundable)
2. Recounting & Personal Review = Rs.7000 (Non-Refundable)

Signature of Candidate: _____ ***Date:*** _____

Note:

1. *Your MDCAT Recounting request will be responded in 05 working days.*
2. *No complaint will be entertained after 07th November, 2025.*
3. *Fee challan can be downloaded from https://fms.uhs.edu.pk For Recounting Select Template "Recounting Fee MDCAT 2025.*
4. *For Recounting and personal review. Select Template "For Recounting & Personal review of MDCAT-2025".*
5. *Enter your Name, CNIC and Contact No. and print the Challan, the Challan may be deposited in any branch of Bank of Punjab/ National Bank of Pakistan.*
6. *The candidate shall be replied after review / recounting through email.*
7. *Decision of the University in Recounting shall be final.*