

**GAMBAT MEDICAL COLLEGE
PIR ABDUL QADIR SHAH JEELANI INSTITUTE OF MEDICAL
SCIENCES, GAMBAT.**

OBJECTION FORM

Name _____

F/Name: _____

District of Domicile: _____

Entry Test Seat No. _____

Entry Test Score: _____ HSC-II Marks: _____

Date of Entry Test: _____

Contact No: _____

OBJECTIONS:

Dated: _____

Signature of the Candidate

The objections may be communicated through following email address

[\(sikandar.admissions@gmail.com\)](mailto:sikandar.admissions@gmail.com)

or

Through courier service or submitting the objection by hand in the office of Director admissions Gambat
Medical College, Gamabt. Up to 01-02-2022 (office hours).