

**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