

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

Dated: \_\_\_\_\_

**OBJECTION FORM**

Name \_\_\_\_\_

F/Name: \_\_\_\_\_

District of Domicile: \_\_\_\_\_

Entry Test Seat No. \_\_\_\_\_ CNIC: \_\_\_\_\_

Entry Test Score: \_\_\_\_\_

Entry Test Year: \_\_\_\_\_

Contact No: \_\_\_\_\_

**OBJECTIONS:**

Dated: \_\_\_\_\_

Signature of the Candidate

---

The objections may be communicated through following email address  
**(admissions@gims.edu.pk)**

**OR**

Through courier service or submitting the objection by hand in the office of direction admissions  
Gambat Medical College, Gambat. **Up to 20<sup>th</sup> December 2025** (office hours).