

**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

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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 direction admissions  
Gambat Medical College, Gambat. **Up to 25<sup>th</sup> January 2024** (office hours).