



# UNIVERSITY OF HEALTH SCIENCES LAHORE

## MDCAT-2024 Recounting Request Form

(Please email this form along with required documents at  
[mdcat2024recounting@uhs.edu.pk](mailto:mdcat2024recounting@uhs.edu.pk))

Name of candidate \_\_\_\_\_ Father's Name \_\_\_\_\_

CNIC \_\_\_\_\_ Paper ID \_\_\_\_\_

Roll No. MDCAT-2024 \_\_\_\_\_ 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
2. Recounting & Personal Review = Rs.7000

**Signature of candidate** \_\_\_\_\_ **Dated:** \_\_\_\_\_

### Note:

1. Your MDCAT Recounting request will be responded in 05 working days.
2. No complaint will be entertained after October 04, 2024.
3. Fee challan can be downloaded from <https://fms.uhs.edu.pk>, For Recounting Select Template "Recounting Fee MDCAT 2024".
4. For Recounting and personal review. Select Template "For Recounting & personal review of MDCAT-2024".
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. Decision of the university in Recounting shall be final.