



UNIVERSITY OF HEALTH SCIENCES LAHORE

MDCAT-2024 Recounting Request Form

(Please email this form along with required documents at
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 =

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.