PEOPLE'S UNIVERSITY OF MEDICAL & HEALTH SCIENCES FOR WOMEN
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CLAIM/QUERY FORM

1. Seat No._____ 2. Book Color_____

3. Name:_____

4. Father's Name: _____

5. Candidate's CNIC#: | | | | | | | | | | | | | | | |

6. Nature of Objection:

S.No.	Type of Objection	Website Displayed Marks	Candidate's Claim Marks
1.	**PTS Marks**		
2.	**Write the Question Number(s) in which you have objection. Example** (Q1. Q2. Q3…)		

Note for Calculating PTS Marks:

- Each Correct answer carries (1) marks.
- Dual / Multiple marked circles carry (0) marks.
- Blank circle carry (0) marks.

_____
Candidat's Signature

1- Candidates can submit claim against marks result upto:- **14** November, 2026 before 1:00 PM.
2- Fees of Claim Form is Rupees 700/- (PUMHSW Online Students Receipts Account No: 1439-79014003-03).
3- Submit a claim form along with original "Student's Key in support of claim of correct particulars at admission office.
4- This form may be obtained from admission office / official website of this University.
5- Incharge PTS is the Final authority to decide the claim as per original record.