

Appeal/ Complaint Proforma

Application Form # _____

Aggregate: _____

Name: _____

F.Name: _____

MDCAT #: _____

CNIC# _____

Mobile No. _____

Category: Please select Category of Seats you applied for:

OPEN SELF FATA Backward Areas OPF Minorities
DISABLED

Complaint/Appeal/Claim you want to Submit:

1. **MI:** Yes / No (As Mentioned in the Provisional Merit List).

Claimed MI: Yes / No (Attach Proof i.e, Attempt Certificate)

2. **HQ** Marks not mentioned

3. **FATA IN/OUT** (As Mentioned in the Provisional Merit List).

Agency Name: _____

If claiming IN then provide location certificate.

4. **Backward Area IN/OUT** (As Mentioned in the Provisional Merit List).

Area Name: _____

If claiming IN then provide location certificate.

5. **Other Complaint/Appeal/Claim:**

Candidate's signature: _____

For Official Use Only: (Remarks by concerned Department)