

**Khyber Medical University  
Bank Receipt**



MCB Bank Limited



Account No  
**0977029551007019**

**(Bank Copy)**

Date \_\_\_\_\_

**INSTITUTIONAL DEPOSITS**

Inst/ College Name \_\_\_\_\_

Purpose of Deposit \_\_\_\_\_

Semester/Year \_\_\_\_\_

No. of Students \_\_\_\_\_ Rate \_\_\_\_\_

Contact No. \_\_\_\_\_

Cheque/Draft# \_\_\_\_\_

**STUDENT'S/INDIVIDUAL DEPOSITS**

Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Institute \_\_\_\_\_

Registration No. \_

Purpose of Deposit **Affiliation Retention Fee**

Semester/ Year \_

Contact No. \_\_\_\_\_

Amount Payable Rs. **15,000/=**

In Words Rupees **Fifteen Thousands Only**

Due Date \_\_\_\_\_

Bank Authorized Signature with Stamp

Note:

1. Can be deposited free online in any branch of MCB.
2. All columns must be filled with legible handwriting.
3. All columns are mandatory.

**Khyber Medical University  
Bank Receipt**



MCB Bank Limited



Account No  
**0977029551007019**

**(Treasury Copy)**

Date \_\_\_\_\_

**INSTITUTIONAL DEPOSITS**

Inst/ College Name \_\_\_\_\_

Purpose of Deposit \_\_\_\_\_

Semester/Year \_\_\_\_\_

No. of Students \_\_\_\_\_ Rate \_\_\_\_\_

Contact No. \_\_\_\_\_

Cheque/Draft# \_\_\_\_\_

**STUDENT'S/INDIVIDUAL DEPOSITS**

Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Institute \_\_\_\_\_

Registration No. \_

Purpose of Deposit **Affiliation Retention Fee**

Semester/ Year \_\_\_\_\_

Contact No. \_\_\_\_\_

Amount Payable Rs. **15,000/=**

In Words Rupees **Fifteen Thousands Only**

Due Date \_\_\_\_\_

Bank Authorized Signature with Stamp

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**Khyber Medical University  
Bank Receipt**



MCB Bank Limited



Account No  
**0977029551007019**

**(Institute Copy)**

Date \_\_\_\_\_

**INSTITUTIONAL DEPOSITS**

Inst/ College Name \_\_\_\_\_

Purpose of Deposit \_\_\_\_\_

Semester/Year \_\_\_\_\_

No. of Students \_\_\_\_\_ Rate \_\_\_\_\_

Contact No. \_\_\_\_\_

Cheque/Draft# \_\_\_\_\_

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Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Institute \_\_\_\_\_

Registration No. \_\_\_\_\_

Purpose of Deposit **Affiliation Retention Fee**

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Bank Receipt**



MCB Bank Limited



Account No  
**0977029551007019**

**(KMU Copy)**

Date \_\_\_\_\_

**INSTITUTIONAL DEPOSITS**

Inst/ College Name \_\_\_\_\_

Purpose of Deposit \_\_\_\_\_

Semester/Year \_\_\_\_\_

No. of Students \_\_\_\_\_ Rate \_\_\_\_\_

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