

**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 **KMU Registration Fee**

Semester/ Year _

Contact No. _____

Amount Payable Rs. **2500/=**

In Words Rupees **Twenty Five Hundred 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 **KMU Registration Fee**

Semester/ Year _____

Contact No. _____

Amount Payable Rs. **2500/=**

In Words Rupees **Twenty Five Hundred 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# _____

STUDENT'S/INDIVIDUAL DEPOSITS

Name _____

Father's Name _____

Institute _____

Registration No. _____

Purpose of Deposit **KMU Registration Fee**

Semester/ Year _____

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Amount Payable Rs. **2500/=**

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**Khyber Medical University
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 _____

Contact No. _____

Cheque/Draft# _____

STUDENT'S/INDIVIDUAL DEPOSITS

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Purpose of Deposit **KMU Registration Fee**

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