

FOR BANK

**Postgraduate Medical Institute
Hayatabad Peshawar**

No. _____ Date: _____

MCB Bank Ltd

Hayatabad Township Branch Peshawar (Branch Code 1448)

Account No. 0653915911004179

Name: _____

User-ID _____

Purpose of Deposit: **MCPS/DA/DCP/DMJ/DCD**

Rupees (in Figure): **PKR: 30,000/=**

Rupees (in words): **Thirty Thousand Only**

**Candidate
Signature**

**Bank Officer
Signature**

FOR DEPOSITOR

**Postgraduate Medical Institute
Hayatabad Peshawar**

No. _____ Date: _____

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Hayatabad Township Branch Peshawar (Branch Code 1448)

Account No. 0653915911004179

Name: _____

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Rupees (in words): **Thirty Thousand Only**

**Candidate
Signature**

**Bank Officer
Signature**

FOR ACCOUNT SECTION

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**Bank Officer
Signature**