


**Khyber Medical University**  
**Affiliated Inst/Colleges Fee Slip**  
 MCB Bank Limited 

Account No  
0977029551007356  
**(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**  
**Affiliated Inst/Colleges Fee Slip**  
 MCB Bank Limited 

Account No  
0977029551007356  
**(Treasury Copy)**  
 Date \_\_\_\_\_

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

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

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

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

Institute \_\_\_\_\_

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

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

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

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In Words Rupees Fifteen Thousands Only

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 MCB Bank Limited 

Account No  
0977029551007356  
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Semester/Year \_\_\_\_\_

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**Khyber Medical University**  
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 MCB Bank Limited 

Account No  
0977029551007356  
**(KMU Copy)**  
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