


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 **Examination Fee**

Semester/ Year _____

Contact No. _____


Amount Payable Rs. _____

In Words Rupees _____

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 _____

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 **Examination Fee**

Semester/ Year _____

Contact No. _____


Amount Payable Rs. _____

In Words Rupees _____

Due Date _____

Bank Authorized Signature with Stamp

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

Account No
0977029551007356
(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 **Examination Fee**

Semester/ Year _____

Contact No. _____


Amount Payable Rs. _____

In Words Rupees _____

Due Date _____

Bank Authorized Signature with Stamp

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

Account No
0977029551007356
(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

Name _____

Father's Name _____

Institute _____

Registration No. _____

Purpose of Deposit **Examination Fee**

Semester/ Year _____

Contact No. _____

Amount Payable Rs. _____

In Words Rupees _____

Due Date _____

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