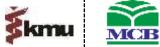
### **Khyber Medical University** Affiliated Inst/Colleges Fee Slip

MCB

MCB Bank Limited



Account No. 0977029551007356 (Bank Copy)

Date

### **Khyber Medical University** Affiliated Inst/Colleges Fee Slip

MCB Bank Limited



Account No. 0977029551007356 (Treasury Copy)

Date

## **Khyber Medical University** Affiliated Inst/Colleges Fee Slip



Institute

Contact No.

Due Date

Note:

Registration No. \_\_\_\_

Amount Payable Rs.

In Words Rupees

Semester/ Year

MCB Bank Limited



Account No. 0977029551007356 (Institute Copy)

**PGMI** 

Annual

5,000/= Five Thousands Only

Date

# **Khyber Medical University** Affiliated Inst/Colleges Fee Slip



MCB Bank Limited

Account No. 0977029551007356 (KMU Copy)

	<u></u>
INSTITUTIONALDEPOSITS	INSTITUTIONALDEPOSITS
Inst/ College Name	Inst/ College Name
Purpose of Deposit	Purpose of Deposit
Semester/Year	Semester/Year
No. of StudentsRate	No.of StudentsRate
Contact No.	Contact No.
Cheque/Draft#	Cheque/Draft#
STUDENT'S/INDIVIDUALDEPOSITS	STUDENT'S/INDIVIDUALDEPOSITS
Name	Name
Father's Name	Father's Name

Institute

Registration No.

Purpose of Deposit _	KMU Registration
Semester/ Year	Annual
Contact No.	
Amount Payable Rs	5,000/=
In Words Rupees	Five Thousands Only

PGMI

Bank Authorized Signature with Stamp

#### Note:

Due Date

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

#### **INSTITUTIONAL DEPOSITS INSTITUTIONAL DEPOSITS** Inst/ College Name\_\_ Inst/ College Name Purpose of Deposit Semester/Year Rate No.of Students Contact No. Contact No. Cheque/Draft# Cheque/Draft#

STUDENT'S/INDIVIDUALDEPOSITS	
Name	
Father's Name	
Institute	PGMI
Registration No.	
Purpose of Deposit	KMU Registration
Semester/ Year	Annual
Contact No.	

Amount Payable Rs.	5,000/=
n Words Rupees	Five Thousands Only
Due Date	

Bank Authorized Signature with Stamp

#### Note:

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

# Purpose of Deposit\_\_\_\_\_ Semester/Year No. of Students Rate

STUDENT'S/INDIVIDUALDEPOSITS	
Name	
Father's Name	
Institute	PGMI
Registration No.	
Purpose of Deposit	KMU Registration
Semester/ Year	Annual
Contact No.	

Amount Payable Rs.	5,000/=
In Words Rupees	Five Thousands Only
-	

Bank Authorized Signature with Stamp	

#### Note:

Due Date

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

-

1. Can be deposited free online in any branch of MCB.

Purpose of Deposit KMU Registration

2. All columns must be filled with legible handwriting.

Bank Authorized Signature with Stamp

3. All columns are mandatory.