



Khyber Medical University

Affiliated Inst/Colleges Fee Slip



MCB Bank Limited



Account No

0977029551007356

(Bank Copy)

Date

INSTITUTIONALDEPOSITS

Inst/ College Name

Purpose of Deposit

Semester/Year

No.of Students

Rate

Contact No.

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/=

In Words Rupees

Five 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

INSTITUTIONALDEPOSITS

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Semester/Year

No. of Students

Rate

Contact No.

Cheque/Draft#

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PGMI

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Purpose of Deposit

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Semester/ Year

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