

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



Bank of Khyber



Account No

PK73KHYB0083002010012058

(Bank Copy)

Date _____

INSTITUTIONALDEPOSITS

Inst/ College Name _____

Purpose of Deposit **Affiliation / Retention Fee**

Semester/Year _____

No. of Students _____ Rate _____

Contact No. _____

Cheque/Draft# _____

Amount Payable Rs. **15,000/=**

In Words Rupees: **Fifteen Thousands Only**

Date _____

Bank Authorized Signature with Stamp

Note:

1. Can be deposited free online in any branch of BOK.
2. Due date for all kind of Affiliation Retention Fee is 31stof December.
3. Students are not allowed to submit the Retention Fee personally.
4. All columns must be filled with legible handwriting.
5. All columns are mandatory.

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Affiliated Inst/Colleges Fee Slip**



Bank of Khyber



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PK73KHYB0083002010012058

(Institute Copy)

Date _____

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Bank of Khyber



Account No

PK73KHYB0083002010012058

(Treasury Copy)

Date _____

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Affiliated Inst/Colleges Fee Slip**



Bank of Khyber



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PK73KHYB0083002010012058

(KMU Copy)

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