

Khyber Medical University Peshawar

Fee Slip

MCB Bank Limited



Account No

0977029551007356

(BANK COPY)

STUDENTS FEE ONLY

Student Name: _____

Father's Name: _____

Institute: **KMU Institute of Public Health
& Social Sciences (IPH&SS)**

Session: Spring, 2023

Purpose of Deposit: **application
processing Fee**

Program: _____

Contact No. _____

Email ID: _____

Amount Payable: **Rs. 3,000/-**

in Words: **Three Thousand Only**

Due Date: **19-12-2022**

Bank Authorized Signature with Stamp:

Note:

- Can be deposited free online in any branch of MCB.
- All columns are required to be filled with legible handwriting.
- All columns are mandatory

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