

**Khyber Medical University Peshawar**

Fee Slip

MCB Bank Limited



Account No

**0977029551007019**

**(BANK COPY)**

STUDENTS FEE ONLY

Student Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

Registration No:

Purpose of Deposit: **Master in Health Research (MHR) Fall 2019**

Semester/Year: **3<sup>rd</sup> Semester Fee**

Contact No. \_\_\_\_\_

Email ID: \_\_\_\_\_

Amount Payable: **Rs. 55,000/-**

In Words: **Fifty Five Thousand Only**

Due Date: **15<sup>th</sup> November, 2020**

**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

**Khyber Medical University Peshawar**

Fee Slip

MCB Bank Limited



Account No

**0977029551007019**

**(KMU TREASURY COPY)**

STUDENTS FEE ONLY

Student Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

Registration No:

Purpose of Deposit: **Master in Health Research (MHR) Fall 2019**

Semester/Year: **3<sup>rd</sup> Semester Fee**

Contact No. \_\_\_\_\_

Email ID: \_\_\_\_\_

Amount Payable: **Rs. 55,000/-**

In Words: **Fifty Five Thousand Only**

Due Date: **15<sup>th</sup> November, 2020**

**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

**Khyber Medical University Peshawar**

Fee Slip

MCB Bank Limited



Account No

**0977029551007019**

**(INSTITUTE COPY)**

STUDENTS FEE ONLY

Student Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

Registration No:

Purpose of Deposit: **Master in Health Research (MHR) Fall 2019**

Semester/Year: **3<sup>rd</sup> Semester Fee**

Contact No. \_\_\_\_\_

Email ID: \_\_\_\_\_

Amount Payable: **Rs. 55,000/-**

In Words: **Fifty Five Thousand Only**

Due Date: **15<sup>th</sup> November, 2020**

**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

**Khyber Medical University Peshawar**

Fee Slip

MCB Bank Limited



Account No

**0977029551007019**

**(STUDENT COPY)**

STUDENTS FEE ONLY

Student Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

Registration No:

Purpose of Deposit: **Master in Health Research (MHR) Fall 2019**

Semester/Year: **3<sup>rd</sup> Semester Fee**

Contact No. \_\_\_\_\_

Email ID: \_\_\_\_\_

Amount Payable: **Rs. 55,000/-**

In Words: **Fifty Five Thousand Only**

Due Date: **15<sup>th</sup> November, 2020**

**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

