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: **Masters in Public Health (MPH)/(MHA)/(PHN) Evening**

Semester/Year: _____

Contact No. _____

Email ID: _____

Amount Payable: **Rs. 73,700/-**

In Words: **Seventy Three Thousand and seven Hundred Only**

Due Date: **15th October, 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

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