

Khyber Medical University Peshawar

Fee Slip

MCB Bank Limited



Account No

0977029551007019

(Bank Copy)

Students Fee Only

Name: _____

Father's Name: _____

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

Registration No: **Not allotted**

Purpose of Deposit: **Tuition fee Certificate in Health Research**

(CHR 6-Months duration)

Semester/Year: **Two Contact Session Whole Fee**

Contact No. _____ - _____ - _____

ID: **Nil**

Amount Payable: **Rs. 65,480/-**

In Words: **Sixty Five Thousand Four Hundred and Eighty PKR Only**

Due Date: _____

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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