

Khyber Medical University Peshawar

Fee Slip

National Bank Limited



Account No

A/C: 4011752255

IBN#PK56NBPA1759004011752255

(Bank Copy)

Students Fee Only

Name: _____

Father's Name: _____

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

Registration No: _____

Purpose of Deposit: **Research Thesis Fee**

Program Name:

Semester/Year:

Contact No. _____ - _____ - _____

Amount Payable: **Rs. 50,000/-**

In Words: **Fifty Thousand PKR Only**

Bank Authorized Signature with Stamp:

Note:

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

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