

Khyber Medical University Peshawar

Fee Slip

MCB Bank Limited



Account No

0977029551007356

(BANK COPY)

STUDENTS FEE ONLY

Student Name: _____

Father's Name: _____

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

Program Applied For: **Master in Public Health (MPH)**

Track Applied For: _____

Shift Applied For: _____

Contact No. _____

Email Address: _____

Amount Payable: **3000/-**

In Words: **Three Thousand 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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