

**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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**(KMU TREASURY COPY)**

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