

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: Master in Health Research (MHR) Fall 2020

Semester/Year: 2nd Semester Fee

Contact No. _____

Email ID: _____

Amount Payable: Rs. 60,500/-

In Words: Sixty Thousand and Five Hundred Only

Due Date: 15-06-2021

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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