**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: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Semester/Year: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Contact No. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ID: **Nil**

Amount Payable: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

In Words: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Khyber Medical University Peshawar Fee Slip**

**MCB Bank Limited**

**Account No**

**0977029551007019**

**(KMU TREASURY COPY)**

STUDENTS FEE ONLY

Student Name**:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Father's Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Registration No: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Purpose of Deposit: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Semester/Year: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Contact No. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ID: **Nil**

Amount Payable: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

In Words: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Khyber Medical University Peshawar Fee Slip**

**MCB Bank Limited**

**Account No**

**0977029551007019**

**(INSTITUTE COPY)**

STUDENTS FEE ONLY

Student Name**:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Father's Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Registration No: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Purpose of Deposit: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Semester/Year: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Contact No. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ID: **Nil**

Amount Payable: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

In Words: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Khyber Medical University Peshawar Fee Slip**

**MCB Bank Limited**

**Account No**

**0977029551007019**

**(STUDENT COPY)**

STUDENTS FEE ONLY

Student Name**:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Father's Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Registration No: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Purpose of Deposit: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Semester/Year: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Contact No. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ID: **Nil**

Amount Payable: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

In Words: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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