

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

Program Applied For: _____

Contact No. _____

Email Address: _____

Amount Payable: **2500/-**

In Words: **Twenty Five Hundred 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

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

Program Applied For: _____

Contact No. _____

Email Address: _____

Amount Payable: **2500/-**

In Words: **Twenty Five Hundred 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

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

Program Applied For: _____

Contact No. _____

Email Address: _____

Amount Payable: **2500/-**

In Words: **Twenty Five Hundred 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

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

Program Applied For: _____

Contact No. _____

Email Address: _____

Amount Payable: **2500/-**

In Words: **Twenty Five Hundred 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