**Khyber Medical University Peshawar**

**Fee Slip**

**MCB Bank Limited**

**Account No**

**0977029551007356**

**(BANK COPY)**

STUDENTS FEE ONLY

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

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

Institute: **KMU Institute of Physical Medicine & Rehabilitation (IPM&R)**

Session: Spring, 2021

Purpose of Deposit: **application processing Fee**

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

Email ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Payable: **Rs. 3,000/-**

in Words: **Three Thousand Only**

Due Date: **NIL**

**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**

**0977029551007356**

 **(KMU TREASURY COPY)**

STUDENTS FEE ONLY

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

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

Institute: **KMU Institute of Physical Medicine & Rehabilitation (IPM&R)**

Session: Spring, 2021

Purpose of Deposit: **application processing Fee**

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

Email ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Payable: **Rs. 3,000/-**

in Words: **Three Thousand Only**

Due Date: **NIL**

**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**

**0977029551007356**

 **(INSTITUTE COPY)**

STUDENTS FEE ONLY

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

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

Institute: **KMU Institute of Physical Medicine & Rehabilitation (IPM&R)**

Session: Spring, 2021

Purpose of Deposit: **application processing Fee**

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

Email ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Payable: **Rs. 3,000/-**

in Words: **Three Thousand Only**

Due Date: **NIL**

**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**

**0977029551007356**

 **(STUDENT COPY)**

STUDENTS FEE ONLY

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

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

Institute **KMU Institute of Physical Medicine & Rehabilitation (IPM&R)**Session: Spring, 2021

Purpose of Deposit: **application processing Fee**

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

Email ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Payable: **Rs. 3,000/-**

in Words: **Three Thousand Only**

Due Date: **NIL**

**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