

Khyber Medical University Peshawar

Fee Slip

MCB Bank Limited



Account No

0977029551007019

(Bank Copy)

Students Fee Only

Name: _____

Father's Name: _____

Institute: **Institute of Health Professions
Education & Research (IHPER)-KMU**

Registration No: **Fresh Candidate**

Purpose of Deposit: **MHPE 1st Year
Tuition fee Master in Health Professions**

Education

Semester/Year: **1st Year Fee**

Contact No. _____ - _____ - _____

ID: **Nil**

Amount Payable: **Rs. 95,150/-**

In Words: **Ninety Five thousand, One
Hundred and Fifty PKR Only**

Due Date: **07-09-2019**

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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