Khyber Medical University
Fee Slip
MCB Bank Limited

Account No

09770295510070 19

(Bank Copy)

STUDENTS FEE ONLY

Name _____

Father's Name _____

Institute _____

Registration No. _____

Purpose of Deposit _____

Semester/Year _____

Contact No. _____

ID: _____

Amount payable _____

In words _____

Due date _____

Bank authorized signature with stamp

Note:
1. Can be deposited free online in any branch of MCB
2. All columns must be filled with legible handwringing
3. All columns are mandatory

Khyber Medical University
Fee Slip
MCB Bank Limited

Account No

09770295510070 19

(KMU Treasury Copy)

STUDENTS FEE ONLY

Name _____

Father's Name _____

Institute _____

Regisxtration No. _____

Purpose of Deposit _____

Semester/Year _____

Contact No. _____

ID: _____

Amount payable _____

In words _____

Due date _____

Bank authorized signature with stamp

Note:
1. Can be deposited free online in any branch of MCB
2. All columns must be filled with legible handwringing
3. All columns are mandatory

Khyber Medical University
Fee Slip
MCB Bank Limited

Account No

09770295510070 19

(Institute Copy)

STUDENTS FEE ONLY

Name _____

Father's Name _____

Institute _____

Registration No. _____

Purpose of Deposit _____

Semester/Year _____

Contact No. _____

ID: _____

Amount payable _____

In words _____

Due date _____

Bank authorized signature with stamp

Note:
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3. All columns are mandatory

Khyber Medical University
Fee Slip
MCB Bank Limited

Account No

09770295510070 19

(Student Copy)

STUDENTS FEE ONLY

Name _____

Father's Name _____

Institute _____

Registration No. _____

Purpose of Deposit _____

Semester/Year _____

Contact No. _____

ID: _____

Amount payable _____

In words _____

Due date _____

Bank authorized signature with stamp

Note:
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2. All columns must be filled with legible handwringing
3. All columns are mandatory