Khyber Medical University Peshawar Fee Slip

MCB Bank Limited



Name:



Account No

0977029551007019

(Bank Copy)

Students Fee Only

| Father's Name: |
|--|
| Institute: Institute of Public Health 8 |
| Social Sciences (IPH&SS)-KMU |
| Registration No: Not allotted |
| Purpose of Deposit: Tuition fee Certificate |
| in Health Research |
| (CHR 6-Months duration) |
| Semester/Year: <u>Two Contact Session</u> |
| Whole Fee |
| |
| Contact No |
| ID: <u>Nil</u> |
| Amount Payable: Rs. 31,400/- |
| In Words: Thirty One Thousand and Fou |
| Hundred PKR 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 | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|
| Name: | | | | | | | | | | |
| Father's Name: | | | | | | | | | | |
| | | | | | | | | | | |
| Institute: Institute of Public Health & | | | | | | | | | | |
| Social Sciences (IPH&SS)-KMU | | | | | | | | | | |
| Registration No: Not allotted | | | | | | | | | | |
| Purpose of Deposit: Tuition fee | | | | | | | | | | |
| Certificate in Health Research | | | | | | | | | | |
| (CHR 6-Months duration) | | | | | | | | | | |
| Semester/Year: <u>Two Contact Session</u> | | | | | | | | | | |
| Whole Fee | | | | | | | | | | |
| | | | | | | | | | | |
| Contact No | | | | | | | | | | |
| ID: Nil | | | | | | | | | | |
| | | | | | | | | | | |
| Amount Payable: Rs. 31,400/- | | | | | | | | | | |
| In Words: Thirty One Thousand and Four | | | | | | | | | | |
| <u>Hundred PKR Only</u> | | | | | | | | | | |
| Due Date: | | | | | | | | | | |

Bank Authorized Signature with Stamp: Note:

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- All columns are mandatory

Khyber Medical University Peshawar Fee Slip

MCB Bank Limited



Account No

0977029551007019

(Institute Copy)

Bank Authorized Signature with Stamp: Note:

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- > All columns are mandatory

Khyber Medical University Peshawar Fee Slip

MCB Bank Limited





Account No

0977029551007019

(Student Copy)

Students Fee Only

| IV | aiiie | ·— | | | | | | | | |
|----------------|-------|----|--|---|--|--|--|--|--|--|
| Father's Name: | | | | | | | | | | |
| | | | | _ | | | | | | |
| _ | | | | | | | | | | |

Institute: **Institute of Public Health &** Social Sciences (IPH&SS)-KMU Registration No: Not allotted Purpose of Deposit: **Tuition fee** Certificate in Health Research (CHR 6-Months duration)

Semester/Year: Two Contact Session

Whole Fee

| Contact No | - | - | |
|------------|-----------|--------------|--|
|------------|-----------|--------------|--|

ID: Nil

Amount Payable: Rs. 31,400/-

In Words: Thirty One Thousand and Four

Hundred PKR Only

Due Date: _____

Bank Authorized Signature with Stamp: Note:

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