

Khyber Medical University Peshawar

Fee Slip

MCB Bank Limited



Account No

0977029551007356

(Bank Copy)

Students Fee Only

Name: _____

Father's Name: _____

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

Registration No: Nil

Purpose of Deposit: **Application
Processing Fee for Ph.D in Health
Professions Education**

Semester/Year: **Fresh Candidate**

Contact No. _____ - _____ - _____

ID: **Nil**

Amount Payable: **Rs. 3000/-**

In Words: **Three Thousand**

Due Date: **25-06-2024**

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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