### **FEE VOUCHER**

HBL P.M.C Branch, Faisalabad

A/C No. 14667992110603

Date:

# **Examination Department**

Faisalabad Medical University, Faisalabad

Name			
Session	-	Annual/ S	upple
Reg. No.		Roll No.	
Program:			

Sr. No.	Purpose of Fee	Amount Rs.
1	Examination Fee	
2	Degree/DMC/Transcript Issuance Fee	
3	Degree/DMC Verification Fee	
4	Duplicate DMC/Degree/Transcript Fee	
5	Issuance of NOC	
6	Correction of Document	
7	Rechecking/Review of Paper	
8	Miscellaneous	_
	Grand Total	

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