

FEE VOUCHER

HBL P.M.C Branch, Faisalabad

A/C No. 14667992110603 Date: _____

Examination Department

Faisalabad Medical University, Faisalabad

Name			
Session		Annual/ Supple	
Reg. #		Roll #	
Class:	MBBS/BDS/ PGD/MD/MS	1 st / 2 nd /3 rd / 4 th / Final	

Sr. #	Purpose of Fee	Amount
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	

Rupees in Words: _____

Officer

Manager

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