



**Faisalabad Medical University
Faisalabad
University Copy**

Branch Code: _____ Date: _____

Branch Name: _____

**1st Semester, BS Programmes, 2024-25
Batch-4**



A/C Title: Faisalabad Medical University Faisalabad
A/C Number: 14667992134603
Branch: HBL PMC Branch Faisalabad

Note: Desire Bank stamp is required on the deposit slip & submit original deposit slip (University Copy) to University Office.

Program Name:

Applicant's Name:

Father Name:

CNIC No:

Tuition Fee:	40,000/-
Registration Fee:	10,000/-
Total payable Fee:	50,000/-

Applicant Signature **Cashier** **Officer**



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Applicant Copy**

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