

Faisalabad Medical University Faisalabad **University Copy**

PMC PMC
V. 2017
FMU

Faisalabad Medical University Faisalabad **Applicant Copy**

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	None Note	PM	MC.	NOCOCO STATE	1 V. 2
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Faisalabad Medical University Faisalabad **Bank Copy**

Branch Code: Date:	Branch Code: Date: Branch Name:		Branch Code: Date: Branch Name:		
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.	A/C Title: Faisalabad Medical Universit A/C Number: 14667992134603 Branch: HBL PMC Branch Faisalaba Note: Desire Bank stamp is required on the of submit original deposit slip (University Copy Office.	ty Faisalabad d leposit slip &	<u>Batch-4</u> HBL HABIBBANK 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:	Program Name:		Program Name:		
Applicant's Name:	Applicant's Name:		Applicant's Name:		
Father Name:	Father Name:		Father Name:		
CNIC No:	CNIC No:		CNIC No:		
Tuition Fee: 40,000/- Registration Fee: 10,000/- Total payable Fee: 50,000/-	Tuition Fee: Registration Fee: Total payable Fee:	40,000/- 10,000/- 50,000/-	Tuition Fee: Registration Fee: Total payable Fee:	40,000/- 10,000/- 50,000/-	
Applicant Signature Cashier Officer	Applicant Signature Cashier	Officer	Applicant Signature	Cashier Officer	