Faisalabad Medical University
Faisalabad
University Copy

Branch Code: _____

Date:_____

Branch Name: _____

1st Semester Fee (BS Programme)

HABIB BANK حبیب بینک

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) along with documents to University Office.

Program Name:	
Applicant's Name:	
Father Name:	
CNIC No:	
Registration Fee:	10,000
1st Semester Fee:	40,000
Total payable Fee:	**50,000**

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

Faisalabad Medical University
Faisalabad
Applicant Copy

Branch Code: _____

Date:_____

Branch Name: _____

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