

**FEE VOUCHER**

HBL P.M.C Branch, Faisalabad

A/C No. 14667992110603 Date: \_\_\_\_\_

**Examination Department**

Faisalabad Medical University, Faisalabad

|          |           |  |  |
|----------|-----------|--|--|
| Name     |           |  |  |
| Session  |           | Annual/ Supple   |  |
| Reg. No. |           | Roll No.   |  |
| Class:   | MBBS/ BDS | 1 <sup>st</sup> / 2 <sup>nd</sup> /3 <sup>rd</sup> / 4 <sup>th</sup> / Final |  |

| 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                       |            |
|         | <b>Grand Total</b>                  |            |

Rupees in Words: \_\_\_\_\_

Officer

Manager

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