









<div></div> <div>Faisalabad Medical University Faisalabad <u>University Copy</u></div>	<div></div> <div>Faisalabad Medical University Faisalabad <u>Treasurer's Copy</u></div>	<div></div> <div>Faisalabad Medical University Faisalabad <u>Applicant's Copy</u></div>	<div></div> <div>Faisalabad Medical University Faisalabad <u>Bank Copy</u></div>
Branch Code: _____ Date: _____	Branch Code: _____ Date: _____	Branch Code: _____ Date: _____	Branch Code: _____ Date: _____
Branch Name: _____	Branch Name: _____	Branch Name: _____	Branch Name: _____
1st semester Fee (BS Programmes), Batch-5 Session 2025-2026	1st semester Fee (BS Programmes), Batch-5 Session 2025-2026	1st semester Fee (BS Programmes), Batch-5 Session 2025-2026	1st semester Fee (BS Programmes), Batch-5 Session 2025-2026
<div></div> <div>A/C Title: Faisalabad Medical University Faisalabad A/C Number: 14667992134603 Branch: HBL PMC Branch Faisalabad Note: Bank stamp is required on the deposit slip. Please submit original deposit slip along with documents to University Office.</div>	<div></div> <div>A/C Title: Faisalabad Medical University Faisalabad A/C Number: 14667992134603 Branch: HBL PMC Branch Faisalabad Note: Bank stamp is required on the deposit slip. Please submit original deposit slip along with documents to University Office.</div>	<div></div> <div>A/C Title: Faisalabad Medical University Faisalabad A/C Number: 14667992134603 Branch: HBL PMC Branch Faisalabad Note: Bank stamp is required on the deposit slip. Please submit original deposit slip along with documents to University Office.</div>	<div></div> <div>A/C Title: Faisalabad Medical University Faisalabad A/C Number: 14667992134603 Branch: HBL PMC Branch Faisalabad Note: Bank stamp is required on the deposit slip. Please submit original deposit slip along with documents to University Office.</div>
Program Name: _____	Program Name: _____	Program Name: _____	Program Name: _____
Applicant's Name: _____	Applicant's Name: _____	Applicant's Name: _____	Applicant's Name: _____
Father Name: _____	Father Name: _____	Father Name: _____	Father Name: _____
CNIC No. _____	CNIC No. _____	CNIC No. _____	CNIC No. _____
Tuition Fee: 40,000	Tuition Fee: 40,000	Tuition Fee: 40,000	Tuition Fee: 40,000
Registration Fee: 10,000	Registration Fee: 10,000	Registration Fee: 10,000	Registration Fee: 10,000
Total payable Fee 50,000	Total payable Fee 50,000	Total payable Fee 50,000	Total payable Fee 50,000
Applicant Signature Cashier Officer	Applicant Signature Cashier Officer	Applicant Signature Cashier Officer	Applicant Signature Cashier Officer