

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