









<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 (Doctor of Physical Therapy) Batch-1, Session 2025-2026	1st semester Fee (Doctor of Physical Therapy) Batch-1, Session 2025-2026	1st semester Fee (Doctor of Physical Therapy) Batch-1, Session 2025-2026	1st semester Fee (Doctor of Physical Therapy) Batch-1, 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: 125,000 Registration Fee: 10,000 Total payable Fee 135,000	Tuition Fee: 125,000 Registration Fee: 10,000 Total payable Fee 135,000	Tuition Fee: 125,000 Registration Fee: 10,000 Total payable Fee 135,000	Tuition Fee: 125,000 Registration Fee: 10,000 Total payable Fee 135,000
Applicant Signature      Cashier      Officer	Applicant Signature      Cashier      Officer	Applicant Signature      Cashier      Officer	Applicant Signature      Cashier      Officer