

 <p>Faisalabad Medical University Faisalabad University Copy</p>	 <p>Faisalabad Medical University Faisalabad Treasurer's Copy</p>	 <p>Faisalabad Medical University Faisalabad Applicant's Copy</p>	 <p>Faisalabad Medical University Faisalabad Bank Copy</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>1st semester Fee (Doctor of Physical Therapy) Batch-1, Session 2025-2026</p> <p>HBL HABIB BANK حسہب بینک</p>	<p>1st semester Fee (Doctor of Physical Therapy) Batch-1, Session 2025-2026</p> <p>HBL HABIB BANK حسہب بینک</p>	<p>1st semester Fee (Doctor of Physical Therapy) Batch-1, Session 2025-2026</p> <p>HBL HABIB BANK حسہب بینک</p>	<p>1st semester Fee (Doctor of Physical Therapy) Batch-1, Session 2025-2026</p> <p>HBL HABIB BANK حسہب بینک</p>
<p>A/C Title: Faisalabad Medical University Faisalabad</p> <p>A/C Number: 14667992134603</p> <p>Branch: HBL PMC Branch Faisalabad</p> <p>Note: 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>Note: 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>Note: 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>Note: Bank stamp is required on the deposit slip.</p> <p>Please submit original deposit slip along with documents to University Office.</p>
<p>Program Name:</p>	<p>Program Name:</p>	<p>Program Name:</p>	<p>Program Name:</p>
<p>Applicant's Name:</p>	<p>Applicant's Name:</p>	<p>Applicant's Name:</p>	<p>Applicant's Name:</p>
<p>Father Name:</p>	<p>Father Name:</p>	<p>Father Name:</p>	<p>Father Name:</p>
<p>CNIC No.</p>	<p>CNIC No.</p>	<p>CNIC No.</p>	<p>CNIC No.</p>
<p>Tuition Fee: 125,000</p> <p>Registration Fee: 10,000</p> <p>Total payable Fee 135,000</p>	<p>Tuition Fee: 125,000</p> <p>Registration Fee: 10,000</p> <p>Total payable Fee 135,000</p>	<p>Tuition Fee: 125,000</p> <p>Registration Fee: 10,000</p> <p>Total payable Fee 135,000</p>	<p>Tuition Fee: 125,000</p> <p>Registration Fee: 10,000</p> <p>Total payable Fee 135,000</p>
<p>Applicant Signature _____</p> <p>Cashier _____</p> <p>Officer _____</p>			