

HBL

Bank Copy

Challan No. _____ | Dated _____

P.M.C Branch Nawabshah

Account No: 14397900216701
Controller of Examinations Peoples University
Of Medical & Health Sciences for Women,
Nawabshah (SBA)

GENERAL FEE

Name of Student _____
S/o, D/O, W/o _____
Year _____ | Tel# _____

DETAILS OF FEES	AMOUNT	
	RS.	PS.
Enrollment Fee		
Eligibility Fee		
Migration Fee		
Other Fee		
Total Rs.		

Rupees In Words:

Cashier Signature of depositor

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Office Copy

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Student Copy

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