

Khyber Medical University Peshawar

Fee Slip

MCB Bank Limited



Account No

0977029551007019

(Bank Copy)

Students Fee Only

Name: _____

Father's Name: _____

Institute: Institute of Health Professions Education & Research (IHPER)-KMU

Registration No: Not allotted

Purpose of Deposit: Certificate in Health Professions Education (CHPE 6-Mohths duration)

Semester/Year: Two Contact Sessions

Contact No. _____ - _____ - _____

ID: Nil

Amount Payable: Rs. 59,800/-

In Words: Fifty Nine Thousand Eight Hundred PKR Only

Due Date: _____ - _____ - _____

Bank Authorized Signature with Stamp:

Note:

- Can be deposited free online in any branch of MCB.
- All columns are required to be filled with legible handwriting.
- All columns are mandatory

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