





<div><div></div><div><div>Faisalabad Medical University</div><div>Faisalabad</div><div>University Copy</div></div></div>	<div><div></div><div><div>Faisalabad Medical University</div><div>Faisalabad</div><div>Treasurer's Copy</div></div></div>	<div><div></div><div><div>Faisalabad Medical University</div><div>Faisalabad</div><div>Applicant's Copy</div></div></div>	<div><div></div><div><div>Faisalabad Medical University</div><div>Faisalabad</div><div>Bank Copy</div></div></div>
Branch Code: _____ Date: _____	Branch Code: _____ Date: _____	Branch Code: _____ Date: _____	Branch Code: _____ Date: _____
Branch Name: _____	Branch Name: _____	Branch Name: _____	Branch Name: _____
1st Year Fee (Diploma Programmes), Batch-4 Session 2024-2025	1st Year Fee (Diploma Programmes), Batch-4 Session 2024-2025	1st Year Fee (Diploma Programmes), Batch-4 Session 2024-2025	1st Year Fee (Diploma Programmes), Batch-4 Session 2024-2025
<div><div>HBL</div><div>HABIB BANK</div><div>حبیب بینک</div></div>	<div><div>HBL</div><div>HABIB BANK</div><div>حبیب بینک</div></div>	<div><div>HBL</div><div>HABIB BANK</div><div>حبیب بینک</div></div>	<div><div>HBL</div><div>HABIB BANK</div><div>حبیب بینک</div></div>
A/C Title: Faisalabad Medical University Faisalabad	A/C Title: Faisalabad Medical University Faisalabad	A/C Title: Faisalabad Medical University Faisalabad	A/C Title: Faisalabad Medical University Faisalabad
A/C Number: 14667992134603	A/C Number: 14667992134603	A/C Number: 14667992134603	A/C Number: 14667992134603
Branch: HBL PMC Branch Faisalabad	Branch: HBL PMC Branch Faisalabad	Branch: HBL PMC Branch Faisalabad	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.	Note: Bank stamp is required on the deposit slip. Please submit original deposit slip along with documents to University Office.	Note: Bank stamp is required on the deposit slip. Please submit original deposit slip along with documents to University Office.	Note: Bank stamp is required on the deposit slip. Please submit original deposit slip along with documents to University Office.
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. _____
1st Year Fee: 75,000	1st Year Fee: 75,000	1st Year Fee: 75,000	1st Year Fee: 75,000
Registration fee 10,000	Registration fee 10,000	Registration fee 10,000	Registration fee 10,000
Total payable Fee 85,000	Total payable Fee 85,000	Total payable Fee 85,000	Total payable Fee 85,000
Applicant Signature Cashier Officer	Applicant Signature Cashier Officer	Applicant Signature Cashier Officer	Applicant Signature Cashier Officer