

Faisalabad Medical University Faisalabad **University Copy**

FMU		
Branch Code:	Date:	
Branch Name:		
1st Year I	Fee (Diploma Programm Session 2024-2025	mes), Batch-4
HBL بيت.	BANK -u,⊃	
A/C Title:	Faisalabad Medical Un	iversity Faisalabad
A/C Number:	14667992134603	
Branch:	HBL PMC Branch Fais	salabad
Note: Bank star	np is required on the dep	osit slip.
	riginal deposit slip along	g with documents
to University Of	fice.	
Program Name:		
Applicant's Name:		
Father Name:		
CNIC No.		
1st Year Fee:		75,000
Registration fee		10,000
Total payable Fo	ee	85,000
Applicant Signa	ture Cashier	Officer



Faisalabad Medical University Faisalabad Treasurer's Copy

FMU	Treasurer's copy	
Branch Code:	Date:	
Branch Name:		
1st Year F	Gee (Diploma Programmes), Batc	h-4
ADI HABIBI	Session 2024-2025	
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CNIC No.		
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Registration fee		10,000
otal payable Fe	e	85,000
Applicant Signat	sure Cashier Office	er



Applicant Signature

Cashier

Officer

Faisalabad Medical University

PMC	Faisalabad <u>Applicant's Copy</u>	PMC
FMU		FMU
Branch Code:	Date:	Branch Co
Branch Name:		Branch Na
1st Year F	Gee (Diploma Programmes), Batch-4 Session 2024-2025	1st Ye
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A/C Title:	Faisalabad Medical University Faisalabad	A/C Title:
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Please submit o	riginal deposit slip along with documents	Please subm
to University Of	fice.	to Universit
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Applicant's Name:		Applicant's Name:
Father Name:		Father Name:
CNIC No.		CNIC No.
1st Year Fee:	75,000	1st Year Fee
Registration fee	10,000	Registration
Total payable Fe	e 85,000	Total payab



Faisalabad Medical University Faisalabad Bank Copy

	Date:
Branch Name:	
	Fee (Diploma Programmes), Batch-4 Session 2024-2025
HBL بيتك	BANK حبيب
	Faisalabad Medical University Faisalabad
A/C Number:	14667992134603
Branch:	HBL PMC Branch Faisalabad
Note: Bank star	mp is required on the deposit slip.
Please submit of	original deposit slip along with documents
to University O	ffice.
Applicant's Name:	
Father	
Father Name:	
Name:	75,000
Name: CNIC No.	
Name: CNIC No. 1st Year Fee:	75,000 10,000 ee 85,000