Faisalabad Medical University
Faisalabad
University Copy

Branch Code: _____ **Date:**_____

Branch Name: _____

Diploma Courses Admission Fee 2023-24

HBL HABIB BANK حبیب بینک

A/C Title: Faisalabad Medical University Faisalabad
A/C Number: 14667992134603
Branch: HBL PMC Branch Faisalabad

Note: Desire Bank stamp is required on the deposit slip & submit original deposit slip (University Copy) along with documents to University Office.

Program Name:

Applicant's Name:

Father Name:

CNIC No:

Admission Fee: 3,000/-
Total payable Fee: **3,000/-**

Applicant Signature **Cashier** **Officer**

Faisalabad Medical University
Faisalabad
Applicant Copy

Branch Code: _____ **Date:**_____

Branch Name: _____

Diploma Courses Admission Fee 2023-24

HBL HABIB BANK حبیب بینک

A/C Title: Faisalabad Medical University Faisalabad
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Faisalabad Medical University
Faisalabad
Bank Copy

Branch Code: _____**Date:**_____

Branch Name: _____

Diploma Courses Admission Fee 2023-24

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