



Khyber Medical University
Affiliated Inst/Colleges Fee Slip
 MCB Bank Limited  
 Account No
0977029551007356
(Bank Copy)
 Date _____



INSTITUTIONAL DEPOSITS
Malakand College of Nursing
 Inst/ College Name _____
 Purpose of Deposit _____
 Semester/Year _____
 No. of Students _____ Rate _____
 Contact No. _____
 Cheque/Draft# _____

STUDENT'S/INDIVIDUAL DEPOSITS
 Name _____
 Father's Name _____
 Institute _____
 Registration No. _____
 Purpose of Deposit _____
 Semester/ Year _____
 Contact No. _____

Amount Payable Rs. _____
 In Words Rupees _____

 Due Date _____

Bank Authorized Signature with Stamp
 Note:
 1. Can be deposited free online in any branch of MCB.
 2. All columns must be filled with legible handwriting.
 3. All columns are mandatory.

Khyber Medical University
Affiliated Inst/Colleges Fee Slip
 MCB Bank Limited  
 Account No
0977029551007356
(Treasury Copy)
 Date _____



INSTITUTIONAL DEPOSITS
Malakand College of Nursing
 Inst/ College Name _____
 Purpose of Deposit _____
 Semester/Year _____
 No. of Students _____ Rate _____
 Contact No. _____
 Cheque/Draft# _____

STUDENT'S/INDIVIDUAL DEPOSITS
 Name _____
 Father's Name _____
 Institute _____
 Registration No. _____
 Purpose of Deposit _____
 Semester/ Year _____
 Contact No. _____

Amount Payable Rs. _____
 In Words Rupees _____

 Due Date _____

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Khyber Medical University
Affiliated Inst/Colleges Fee Slip
 MCB Bank Limited  
 Account No
0977029551007356
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INSTITUTIONAL DEPOSITS
Malakand College of Nursing
 Inst/ College Name _____
 Purpose of Deposit _____
 Semester/Year _____
 No. of Students _____ Rate _____
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STUDENT'S/INDIVIDUAL DEPOSITS
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Khyber Medical University
Affiliated Inst/Colleges Fee Slip
 MCB Bank Limited  
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INSTITUTIONAL DEPOSITS
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 Semester/Year _____
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