

Pakistan Medical & Dental Council
 G-10/4 Mauve Area, Islamabad



MCB TBD Collection A/C: **1226540861000010**
TBD Customer Code: **PMC02**


Challan #: **2220733471** Due Date: **31-07-2023**


Student Name: KASHMALA HABIB (3520249028166)
 Exam Type: MDCAT
 Identity Number: 3520249028166
 Depositor's Name: _____
 Depositor's CNIC: _____
 Depositor's Contact#: _____
 Deposit Date: _____
 Payment Mode: _____

Sr.#	Fee Description	Amount
1	Bank Charges	30/-
2	MDCAT Fee	6000/-
	Total: Six Thousand Thirty Only	6030/-


Instructions:

- The applicant must fill in complete particulars and no field be left blank.
- The fee is payable at any branch of MCB Bank.
- The fee shall not be accepted after due date.


Depositor's Signature _____

 2220733471

Cashier's Signature _____

 2220733471

Issuance Date: 27-07-2023



Pakistan Medical & Dental Council
 G-10/4 Mauve Area, Islamabad



MCB TBD Collection A/C: **1226540861000010**
TBD Customer Code: **PMC02**


Challan #: **2220733471** Due Date: **31-07-2023**


Student Name: KASHMALA HABIB (3520249028166)
 Exam Type: MDCAT
 Identity Number: 3520249028166
 Depositor's Name: _____
 Depositor's CNIC: _____
 Depositor's Contact#: _____
 Deposit Date: _____
 Payment Mode: _____

Sr.#	Fee Description	Amount
1	Bank Charges	30/-
2	MDCAT Fee	6000/-
	Total: Six Thousand Thirty Only	6030/-


Instructions:

- The applicant must fill in complete particulars and no field be left blank.
- The fee is payable at any branch of MCB Bank.
- The fee shall not be accepted after due date.


Depositor's Signature _____

 2220733471

Cashier's Signature _____

 2220733471

Issuance Date: 27-07-2023



Pakistan Medical & Dental Council
 G-10/4 Mauve Area, Islamabad



MCB TBD Collection A/C: **1226540861000010**
TBD Customer Code: **PMC02**


Challan #: **2220733471** Due Date: **31-07-2023**


Student Name: KASHMALA HABIB (3520249028166)
 Exam Type: MDCAT
 Identity Number: 3520249028166
 Depositor's Name: _____
 Depositor's CNIC: _____
 Depositor's Contact#: _____
 Deposit Date: _____
 Payment Mode: _____

Sr.#	Fee Description	Amount
1	Bank Charges	30/-
2	MDCAT Fee	6000/-
	Total: Six Thousand Thirty Only	6030/-

Instructions:

- The applicant must fill in complete particulars and no field be left blank.
- The fee is payable at any branch of MCB Bank.
- The fee shall not be accepted after due date.

Depositor's Signature _____

 2220733471

Cashier's Signature _____

 2220733471

Issuance Date: 27-07-2023