




		Specialized Fee Challan Form Shifa Tameer-e-Millat University Shifa College of Dentistry (Deposit Slip Dept. Copy)			
<b>Ch./Receipt/Slip No:</b>		<b>1622810</b>			
Issue Date:		2023-10-11		Due Date: 2024-01-04	
Credit to:		<b>SHIFA TAMEER-MILLAT UNIVERSITY</b>			
Collection Account#:		<b>0158073951115</b>			
Instrument Type:		Cash <input type="checkbox"/> PO/DD <input type="checkbox"/> Any other <input type="checkbox"/>			
Instrument No:		Date:			
Drawn on Bank / Branch:		Amount Rs 2000.00			
Location:					
In Words		Two Thousand only			
Depositors CNIC:					
Depositors Signature: :					
Official Stamp					
Bank's Teller				Bank's Officer	
Registration No:		<b>1622810</b>			
Student Name:		<b>Muhammad Ali</b>			
Program:		<b>Bachelor of Dental Surgery (BDS local Seat)</b>		Semester/Year: <b>2023-2024</b>	
Particulars		Amount (PKR)		Total (PKR)	
Tution Fee					
Admission Fee					
Hostel Fee					
Application Fee		2000.00		2000.00	
Examination Fee					
Prospectus Fee					
Medical Checkup Fee					
Registration Fee					
Other (Specify)					
Late Fee					
Total		2000.00		2000.00	
Remarks		None			
Please deposit this challan to any branch of the bank within the due date. After the due date, an additional fine will be charged as per the university policy. Keep the deposit slip safe as proof of payment. This is a computer-generated document and does not require any signature.					

		Specialized Fee Challan Form Shifa Tameer-e-Millat University Shifa College of Dentistry (Deposit Slip Student Copy)			
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Depositors CNIC:					
Depositors Signature: :					
Official Stamp					
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Registration No:		<b>1622810</b>			
Student Name:		<b>Muhammad Ali</b>			
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Hostel Fee					
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Examination Fee					
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Medical Checkup Fee					
Registration Fee					
Other (Specify)					
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Drawn on Bank / Branch:		Amount Rs 2000.00			
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In Words		Two Thousand only			
Depositors CNIC:					
Depositors Signature: :					
Official Stamp					
Bank's Teller				Bank's Officer	
Registration No:		<b>1622810</b>			
Student Name:		<b>Muhammad Ali</b>			
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