

Specialized Fee Challan Form Shifa Tameer-e-Millat University Shifa College of Medicine (Deposit Slip Dept. Copy)



| Ch./Receipt/Slip No: | 151289 | | | |
|--|---|------------------|----------------|--|
| Issue Date: | 2023-11-10 | Due Date: | 2023-12-26 | |
| Credit to: | SHIFA TAMEER-MILLAT UNIVERSITY | | | |
| Collection Account#: | 50007902906303 | 50007902906303 | | |
| Instrument Type: | Cash PO/DD | ☐ Any other ☐ | | |
| Instrument No: | | Date: | | |
| Drawn on Bank / Branch: | | Amount Rs 2000.0 | 00 | |
| Location: | | | | |
| In Words | Two Thousand or | nly | | |
| Depositors CNIC: Depositors Signature: : | | | | |
| | Officia | l Stamp | | |
| | | | | |
| Bank's Teller | | | Bank's Officer | |
| Registration No: | 151289 | 151289 | | |
| Student Name: | Muhammad Ali | | | |
| Program: | Bachelor of Medicine, Bachelor of Surgery (MBBS local Seat) | Semester/Year: | 2023-2024 | |
| Particulars | | Amount (PKR) | Total (PKR) | |
| Particulars Tution Fee | | Amount (FKK) | Total (FKK) | |
| Admission Fee | | | | |
| Hostel Fee | | | | |
| Application Fee | | 2000.00 | 2000.00 | |
| Examination Fee | | 2000.00 | 2000.00 | |
| Prospectus Fee | | | | |
| Medical Checkup Fo | ee | | | |
| 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 Medicine (Deposit Slip Student Copy)

| HBL | |
|------------|--|
| HABIB BANK | |

| 97 NO | | | |
|--|---|-------------------|----------------|
| Ch./Receipt/Slip No: | 151289 | | |
| Issue Date: | 2023-11-10 | Due Date: | 2023-12-26 |
| Credit to: | SHIFA TAMEER-MILLAT UNIVERSITY | | |
| Collection Account#: | 50007902906303 | | |
| Instrument Type: | Cash PO/DD | ☐ Any other ☐ | |
| Instrument No: | | Date: | |
| Drawn on Bank / Branch: | | Amount Rs 2000.00 | |
| Location: | | | |
| In Words | Two Thousand or | nly | |
| Depositors CNIC: Depositors Signature: : | | | |
| | Officia | l Stamp | |
| | | | |
| Bank's Teller | | | Bank's Officer |
| Registration No: | 151289 | | |
| Student Name: | Muhammad Ali | | |
| Program: | Bachelor of Medicine, Bachelor of Surgery (MBBS local Seat) | Semester/Year: | 2023-2024 |
| | | | |
| Particulars | | Amount (PKR) | Total (PKR) |
| Tution Fee | | | |
| Admission Fee | | | |
| Hostel Fee | | | |
| Application Fee | | 2000.00 | 2000.00 |
| Examination Fee | | | |
| Prospectus Fee | | | |
| Medical Checkup Fe | e | | |
| Registration Fee | | | |
| Other (Specify) | | | |
| Late Fee | | | |
| Total | | 2000.00 | 2000.00 |
| Remarks | | None | |
| i | | | |

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 Medicine (Deposit Slip Bank Copy)



| * STMU * | | | | |
|--|---|--------------------------------|----------------|--|
| Ch./Receipt/Slip No: | 151289 | | | |
| Issue Date: | 2023-11-10 | Due Date: | 2023-12-26 | |
| Credit to: | SHIFA TAMEE | SHIFA TAMEER-MILLAT UNIVERSITY | | |
| Collection Account#: | 50007902906303 | 50007902906303 | | |
| Instrument Type: | Cash □ PO/DD □ Any other □ | | | |
| Instrument No: | Date: | | | |
| Drawn on Bank / Branch: | | Amount Rs 2000.00 | | |
| Location: | | | | |
| In Words | Two Thousand only | | | |
| Depositors CNIC: Depositors Signature: : | | | | |
| | Officia | al Stamp | | |
| Bank's Teller | | | Bank's Officer | |
| Registration No: | 151289 | | -1 | |
| Student Name: | Muhammad Ali | | | |
| Program: | Bachelor of Medicine, Bachelor of Surgery (MBBS local Seat) | Semester/Year: | 2023-2024 | |
| | | | | |
| Particulars | | Amount (PKR) | Total (PKR) | |
| Tution Fee | | | | |
| Admission Fee | | | | |
| Hostel Fee | | | | |
| Application Fee | | 2000.00 | 2000.00 | |
| Examination Fee | | | | |
| Prospectus Fee | | | | |
| Medical Checkup F | ee | | | |
| Registration Fee | | | | |
| Other (Specify) | | | | |
| Late Fee | | | | |
| Total | | 2000.00 | 2000.00 | |
| 1 Otta | | 2000.00 | | |

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.