




		Specialized Fee Challan Form Shifa Tameer-e-Millat University Shifa College of Dentistry (Deposit Slip Dept. Copy)			
Ch./Receipt/Slip No:		1622810			
Issue Date:		2023-10-03		Due Date: 2024-01-04	
Credit to:		SHIFA TAMEER-MILLAT UNIVERSITY			
Collection Account#:		0158073951115			
Instrument Type:		Cash <input type="checkbox"/> Cheque <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		Amount in words will be here			
Depositors CNIC:					
Depositors Signature: :					
Official Stamp					
Bank's Teller				Bank's Officer	
Registration No:		1622810			
Student Name:		Muhammad Ali			
Program:		Bachelor of Dental Surgery (BDS 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 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)			
Ch./Receipt/Slip No:		1622810			
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Collection Account#:		0158073951115			
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Location:					
In Words		Amount in words will be here			
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Depositors Signature: :					
Official Stamp					
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Registration No:		1622810			
Student Name:		Muhammad Ali			
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Admission Fee					
Hostel Fee					
Application Fee		2000.00		2000.00	
Examination Fee					
Prospectus Fee					
Medical Checkup Fee					
Registration Fee					
Other (Specify)					
Late Fee					
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Instrument Type:		Cash <input type="checkbox"/> Cheque <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		Amount in words will be here			
Depositors CNIC:					
Depositors Signature: :					
Official Stamp					
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Registration No:		1622810			
Student Name:		Muhammad Ali			
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