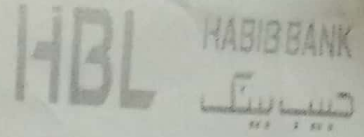




CASH MANAGEMENT DIVISION
SPECIALIZED DEPOSIT SLIP



DEPOSITED IN ANY BRANCH OF HABIB BANK LIMITED IN PAKISTAN
AMOUNT TO BE CREDITED IN THE AGA KHAN UNIVERSITY
A/C# 00427991972203

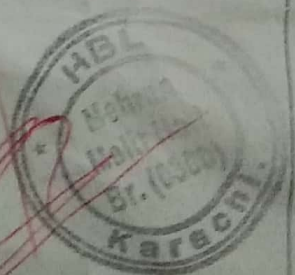
Receipt #: 0000048946 Date: 14-05-2024
Student / Applicant Name: AOUN RAZA
Father Name: S.AHMED RAZA
Mode of Payment: CASH
Student / Application Tracking ID: 00169313
Contact No: 092 03452627531
Email ID: aunr835@gmail.com
Student CNIC# / B FORM#: 42201-4573868-3

Programme Name	Purpose of Payment	Amount
Bachelor of Medicine; Bachelor of Surgery (MBB)	Application Fee	7,000

Depositor Name : Shama Naz
Contact Number : 03452627531
Depositor's CNIC#: 42201-1659128-8

Depositor Signature

Bank Stamp and Received by



Note:

After fee payment at bank, upload this fee voucher on AKU's online admission portal
www.aku.edu/apply-online.

COPY FOR STUDENT / APPLICANT

14-05-24