2220111303



Challan #:

Student Name:

Identity Number:

Depositor's Name: Depositor's CNIC: Depositor's Contact#:

Deposit Date: Payment Mode:

Sr.# | Fee Description

Bank Charges

Registration Fee for Students

**Total: Six Thousand Thirty Only** 

Exam Type:

# **Pakistan Medical Commission** G-10/4 Mauve Area, Islamabad

MCB TBD Collection A/C: 1226540861000010

TBD Customer Code: PMC02

MUSFIRA

MDCAT 2021

4230115512678

2220111303



Amount 6000/-

30/-

6030/-

Due Date: 15-07-2021

Bank Copy

**Pakistan Medical Commission** G-10/4 Mauve Area, Islamabad



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

Challan #:	2220111303	Due Date:	15-07-2021
Student Name:		MUSFIRA	
Exam Type:		MDCAT 2021	
Identity Number:		4230115512678	
Depositor's	Name:		

Depositor's CNIC:	
Depositor's Contact#:	
Deposit Date:	
Payment Mode:	

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

#### Instructions:

Issuance Date: 21-06-2021

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

Depositor's Signature Cashier's Signature



Instructions:

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

Depositor's Signature	Cashier's Signature





Challan #:

# **Pakistan Medical Commission** G-10/4 Mauve Area, Islamabad



Due Date: 15-07-2021

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

Student Name:	MUSFIRA
Exam Type:	MDCAT 2021
Identity Number:	4230115512678
Depositor's Name:	
Depositor's CNIC:	
Depositor's Contact#:	
Deposit Date:	
Payment Mode:	

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

#### Instructions:

Issuance Date: 21-06-2021

- 1. The applicant must fill in complete particulars and no field be left blank.
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D it	C1: C:
Depositor's Signature	Cashier's Signature



Issuance Date: 21-06-2021