

UBLA/C# 2 4 3 8 3 3 8 0 9

	Due Date: <u>16/05/2022</u>
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F	atŀ	ıer	's					
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Detail of Fees	Amount				
Application Processing Fee	5000.00				
TOTAL	Rs.5000.00				
RUPEES FIVE THOUSAND ONLY					

Pay order No./Cash Bank Name

Receiving Branch Student Signature Stamp & Signature

Note : " No payment will be received after the expiry of the due date"

FINANCE COPY



Dow Universityof Health Sciences

UBL A/C# 2 4 3 8 3 3 8 0 9

	Due Date: <u>16/05/202</u>
N.I.C: #	

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Detail of Fees	Amount					
Application Processing Fee	5000.00					
TOTAL	Rs.5000.00					
RUPEES FIVE THOUSAND ONLY						

Pay order No./Cash Bank Name

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INSTITUTE COPY



Dow Universityof Health Sciences

UBLA/C# 2 4 3 8 3 3 8 0 9

Due Date: <u>16/05/2022</u>

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Detail of Fees	Amount					
Application Processing Fee	5000.00					
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Pay order No./Cash Bank Name

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STUDENT'S COPY



N.I.C: #

Dow Universityof Health Sciences

UBLA/C# 2 4 3 8 3 3 8 0 9

Due Date: <u>16/05/2022</u>

N	an	ıe					
_			_				

Name	
Father's	
Name	
Course	

Detail of Fees	Amount				
Application Processing Fee	5000.00				
TOTAL Rs.5000.00					
RUPEES FIVE THOUSAND ONLY					

Pay order No./Cash Bank Name

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