

## BANK COPY



# Dow University of Health Sciences

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

 Due Date: **16/05/2022**

N.I.C: #

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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

Receiving Branch \_\_\_\_\_ Student Signature \_\_\_\_\_  
 Stamp & Signature

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

## FINANCE COPY



# Dow University of Health Sciences

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

 Due Date: **16/05/2022**

N.I.C: #

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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

Receiving Branch \_\_\_\_\_ Student Signature \_\_\_\_\_  
 Stamp & Signature

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

## INSTITUTE COPY



# Dow University of Health Sciences

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

 Due Date: **16/05/2022**

N.I.C: #

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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

Receiving Branch \_\_\_\_\_ Student Signature \_\_\_\_\_  
 Stamp & Signature

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

## STUDENT'S COPY



# Dow University of Health Sciences

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

 Due Date: **16/05/2022**

N.I.C: #

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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

Receiving Branch \_\_\_\_\_ Student Signature \_\_\_\_\_  
 Stamp & Signature

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