

BANK COPY



Dow University of Health Sciences

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

FCPS II Entry Test Fee

Due Date: **08/11/2021**

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**

FCPS II Entry Test Fee

Due Date: **08/11/2021**

N.I.C: #

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Father's _____

Name _____

Course _____

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RUPEES FIVE THOUSAND ONLY	

 Pay order
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 Name

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INSTITUTE COPY



Dow University of Health Sciences

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Name _____

Father's _____

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Course _____

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 Pay order
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STUDENT'S COPY



Dow University of Health Sciences

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

FCPS II Entry Test Fee

Due Date: **08/11/2021**

N.I.C: #

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Name _____

Father's _____

Name _____

Course _____

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Application Processing Fee	5000.00
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