

## BANK COPY



# Dow University of Health Sciences

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

 Due Date: **15/06/2022**

N.I.C: #

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Name \_\_\_\_\_

Father's \_\_\_\_\_

Name \_\_\_\_\_

 Course **MPhil**

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  
Stamp & Signature

Student 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: **15/06/2022**

N.I.C: #

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Name \_\_\_\_\_

Father's \_\_\_\_\_

Name \_\_\_\_\_

 Course **MPhil**

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Application Processing Fee	5000.00
TOTAL	Rs.5000.00
RUPEES FIVE THOUSAND ONLY	

Pay order No./Cash

Bank Name

 Receiving Branch  
Stamp & Signature

Student Signature

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## INSTITUTE COPY



# Dow University of Health Sciences

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

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N.I.C: #

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Name \_\_\_\_\_

Father's \_\_\_\_\_

Name \_\_\_\_\_

 Course **MPhil**

Detail of Fees	Amount
Application Processing Fee	5000.00
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## STUDENT'S COPY



# Dow University of Health Sciences

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

 Due Date: **15/06/2022**

N.I.C: #

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Name \_\_\_\_\_

Father's \_\_\_\_\_

Name \_\_\_\_\_

 Course **MPhil**

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  
Stamp & Signature

Student Signature

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