

BANK COPY



Dow University of Health Sciences

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

 Due Date: **15/07/2022**

N.I.C: #

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Name _____
 Father's _____
 Name _____
 Course **Master's 2022-2023**

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: **15/07/2022**

N.I.C: #

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 Father's _____
 Name _____
 Course **Master's 2022-2023**

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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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Pay order No./Cash
 Bank Name

Receiving Branch _____
 Stamp & Signature

Student Signature

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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: **15/07/2022**

N.I.C: #

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Name _____
 Father's _____
 Name _____
 Course **Master's 2022-2023**

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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