

BANK COPY



Dow University of Health Sciences

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

 Due Date: **10/05/2022**

N.I.C: #

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Name _____

Father's _____

Name _____

 Course **PhD**

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**

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N.I.C: #

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Father's _____

Name _____

 Course **PhD**

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Bank Name

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Stamp & Signature

Student Signature

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INSTITUTE COPY



Dow University of Health Sciences

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Name _____

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STUDENT'S COPY



Dow University of Health Sciences

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N.I.C: #

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Name _____

Father's _____

Name _____

 Course **PhD**

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