



Khairpur Medical College
Khairpur Mir's



EXAM DEPT:

Serial No _____ Date: _____

* Please Deposit fee only in

Sindh Bank Khairpur Branch		
Account Title	College Assistance Program, Khairpur Medical College	
Account No #	0102-432324-6100	
Name of Student:		
Fathers Name:		
Year:	Batch:	
Roll no:	Signature:	
S.No	Name:	Amount
1	Tuition Fee	
2	Hostel Fee	
3	Late Fee	
4	Transport Fee	
5	Examination Fee	
6	Penalty	
7	Other	
Total =		

Amount in Words: _____

Signature
Cashier

Signature
Bank Officer



Khairpur Medical College
Khairpur Mir's



FINANCE DEPT:

Serial No _____ Date: _____

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Sindh Bank Khairpur Branch		
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Amount in Words: _____

Signature
Cashier

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Bank Officer



Khairpur Medical College
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STUDENT COPY

Serial No _____ Date: _____

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BANK COPY

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