



Khairpur Medical College  
Khairpur Mir's



**EXAM DEPT:**

Serial No \_\_\_\_\_ Date: \_\_\_\_\_

\* Please Deposit fee only in

<b>Sindh Bank</b> Khairpur Branch	
<b>Account Title</b>	Principal Khairpur Medical College
<b>Account No #</b>	<b>0102-274530-1000</b>

Name of Student: \_\_\_\_\_

Fathers Name: \_\_\_\_\_

Year: \_\_\_\_\_ Batch: \_\_\_\_\_

Roll no: \_\_\_\_\_ Signature \_\_\_\_\_

S.No	Name:	Amount
1	Tuition Fee	
2	Examinaiton Fee	
3	Late Fee	
4	Transport Fee	
5	Other Fee	
6	Penalty	
7	Other	
<b>Total =</b>		

Amount in Words: \_\_\_\_\_

Signature  
Cashier

Signature  
Bank Officer



Khairpur Medical College  
Khairpur Mir's



**FINANCE DEPT:**

Serial No \_\_\_\_\_ Date: \_\_\_\_\_

\* Please Deposit fee only in

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<b>Account Title</b>	Principal Khairpur Medical College
<b>Account No #</b>	<b>0102-274530-1000</b>

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Year: \_\_\_\_\_ Batch: \_\_\_\_\_

Roll no: \_\_\_\_\_ Signature \_\_\_\_\_

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3	Late Fee	
4	Transport Fee	
5	Other Fee	
6	Penalty	
7	Other	
<b>Total =</b>		

Amount in Words: \_\_\_\_\_

Signature  
Cashier

Signature  
Bank Officer



Khairpur Medical College  
Khairpur Mir's



**STUDENT COPY**

Serial No \_\_\_\_\_ Date: \_\_\_\_\_

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6	Penalty	
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<b>Total =</b>		

Amount in Words: \_\_\_\_\_

Signature  
Cashier

Signature  
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Khairpur Medical College  
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**BANK COPY**

Serial No \_\_\_\_\_ Date: \_\_\_\_\_

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<b>Total =</b>		

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Cashier

Signature  
Bank Officer