Khyber Medical University
Affiliated Inst/Colleges Fee Slip

Bank of Khyber

Account Titled: Affiliation Retention Fee

Account No

PK16KHYB5083003006700372

(Bank Copy)

Date_____

INSTITUTIONAL DEPOSITS

Inst/ College Name _____

Purpose of Deposit _____

Semester/Year _____

No. of Students _____Rate_____

Contact No. _____

Cheque/Draft# _____

Amount Payable Rs. _____

In Words Rupees _____

_____

Date _____

Bank Authorized Signature with Stamp

Note:

1. Can be deposited free online in any branch of BOK.
2. Due date for all kind of Affiliation Retention Fee is 31st of December.
3. Students are not allowed to submit the Retention Fee personally.
4. All columns must be filled with legible handwriting.
5. All columns are mandatory.

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Affiliated Inst/Colleges Fee Slip

Bank of Khyber

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Account No

PK16KHYB5083003006700372

(Institute Copy)

Date_____

INSTITUTIONAL DEPOSITS

Inst/ College Name _____

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Bank of Khyber

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Account No

PK16KHYB5083003006700372

(Treasury Copy)

Date_____

INSTITUTIONAL DEPOSITS

Inst/ College Name _____

Purpose of Deposit _____

Semester/Year _____

No. of Students _____Rate_____

Contact No. _____

Cheque/Draft# _____

Amount Payable Rs. _____

In Words Rupees _____

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PK16KHYB5083003006700372

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INSTITUTIONAL DEPOSITS

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