

Bank Copy

Sr. No: ..... Date: .....

Sindh Bank Ltd.

VIP Road Branch Larkana (.....)

SMBB Medical University Larkana

Controller (P.G) A/C No. 0107052662-1000

Name of Student .....

Father's Name .....

DETAILS OF FEES	AMOUNT
-----------------	--------

Name of Course ..... (Dec/Jun 20 .....

Examination Fee .....

Evaluation of Thesis Fee .....

Late Fee .....

Form Fee .....

Marks/Pass/Degree Certificate .....

Enrollment No. ....

Miscellaneous .....

Total Rs. ....

(Rupees) .....

Receiving Cashier Stamp

Signature of Officer

Bank Scroll No:

Incharge Deptt:

SMBBMU Larkana

Controller of Examinations (P.G)

SMBBMU Larkana

Depositor's Signature

Accounts Copy

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Exam Dept. Copy

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