

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

Father's Name

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

Name of Course

Examination Fee

Evaluation of Thesis Fee

Late Fee

Form Fee

Marks/Pass/Degree Certificate

Enrollment No.

Others

Total Rs.

(Rupees)

Receiving Cashier Stamp

Signature of Officer

Bank Scroll No:

Incharge Deptt:

SMBBMU Larkana

Controller Postgraduate

SMBBMU Larkana

Depositor's Signature

Accounts Copy

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Exam. Dept. Copy

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SMBBMU Larkana

Controller Postgraduate

SMBBMU Larkana

Depositor's Signature

Student Copy

Sr. No: Date:

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