

Bank Copy

Sr. No: Date:

Sindh Bank Ltd.

VIP Road Branch Larkana (0107)

SMBB Medical University Larkana

(Postgraduate) A/C No.0107052662-1000

Name

Father's Name

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

Name of Course

Examination/Entry Test 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 Exams Postgraduate

Depositor's Signature

SMBBMU Larkana

Accounts Copy

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Exam. Dept. Copy

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Student Copy

Sr. No: Date:

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