



Faisalabad Medical University
Faisalabad
University Copy

Branch Code: _____

Date: _____

Branch Name: _____

Online Deposit Slip



A/C Title: Faisalabad Medical University Faisalabad

A/C Number: 14667992134603

Branch: HBL PMC Branch Faisalabad

Note: Desire Bank stamp is required on the deposit slip & send original deposit slip (University Copy) along with Application Form to University Office.

Application Form will Not be entertained without Original Deposit Slip (University Copy)

Program Name:

Applicant's Name:

Father Name:

CNIC No:

Amount: 1000/-RS

Applicant Signature

Cashier

Officer



Faisalabad Medical University
Faisalabad
Applicant Copy

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