Khyber Medical University Peshawar

Fee Slip

MCB Bank Limited

Account No

0977029551007356

(BANK COPY)

STUDENTS FEE ONLY

Student Name: _____

Father's Name: _____

Institute: **Institute of Public Mental Health & Behavioral Sciences (IPMH&BS)-KMU**

Purpose of Deposit: **Cognitive Behavioral Therapy(CBT)**

Semester/Batch: Session 2025**(Batch 1st)**

Contact No. _____

Email: _____

Amount Payable: **RS. 43,000/-**

In Words: **Forty-Three thousand only**

Due Date: **21-10-2025**

Bank Authorized Signature with Stamp:

Note:

- A fine of **Rs.100** per day will be imposed for delayed payment maximum up to R**s.3000.**
- Can be deposited free online in any branch of MCB.
- All columns are required to be filled with legible handwriting.
- All columns are mandatory

Khyber Medical University Peshawar

Fee Slip

MCB Bank Limited

Account No

0977029551007356

(KMU TREASURY COPY)

STUDENTS FEE ONLY

Student Name: _____

Father's Name: _____

Institute: **Institute of Public Mental Health & Behavioral Sciences (IPMH&BS)-KMU**

Purpose of Deposit: **Cognitive Behavioral Therapy(CBT)**

Semester/Batch: Session 2025**(Batch 1st)**

Contact No. _____

Email: _____

Amount Payable: **RS. 43,000/-**

In Words: **Forty-Three thousand only**

Due Date: **21-10-2025**

Bank Authorized Signature with Stamp:

Note:

- A fine of **Rs.100** per day will be imposed for delayed payment maximum up to R**s.3000.**
- Can be deposited free online in any branch of MCB.
- All columns are required to be filled with legible handwriting.
- All columns are mandatory

Khyber Medical University Peshawar

Fee Slip

MCB Bank Limited

Account No

0977029551007356

(INSTITUTE COPY)

STUDENTS FEE ONLY

Student Name: _____

Father's Name: _____

Institute: **Institute of Public Mental Health & Behavioral Sciences (IPMH&BS)-KMU**

Purpose of Deposit: **Cognitive Behavioral Therapy(CBT)**

Semester/Batch: Session 2025**(Batch 1st)**

Contact No. _____

Email: _____

Amount Payable: **RS. 43,000/-**

In Words: **Forty-Three thousand only**

Due Date: **21-10-2025**

Bank Authorized Signature with Stamp:

Note:

- A fine of **Rs.100** per day will be imposed for delayed payment maximum up to R**s.3000.**
- Can be deposited free online in any branch of MCB.
- All columns are required to be filled with legible handwriting.
- All columns are mandatory

Khyber Medical University Peshawar

Fee Slip

MCB Bank Limited

Account No

0977029551007356

(STUDENT COPY)

STUDENTS FEE ONLY

Student Name: _____

Father's Name: _____

Institute: **Institute of Public Mental Health & Behavioral Sciences (IPMH&BS)-KMU**

Purpose of Deposit: **Cognitive Behavioral Therapy(CBT)**

Semester/Batch: Session 2025**(Batch 1st)**

Contact No. _____

Email: _____

Amount Payable: **RS. 43,000/-**

In Words: **Forty-Three thousand only**

Due Date: **21-10-2025**

Bank Authorized Signature with Stamp:

Note:

- A fine of **Rs.100** per day will be imposed for delayed payment maximum up to R**s.3000.**
- Can be deposited free online in any branch of MCB.
- All columns are required to be filled with legible handwriting.
- All columns are mandatory