Account No 12447900725203
HABIB BANK LIMITED
ALLAMA IQBAL MEDICAL COLLEGE
COMPLEX BRANCH LAHORE

Bank Challan No. _____ Dated _____

Credit: Allama Iqbal Medical College Lahore.

Name: _____

Father Name: _____

Present Address: _____

_____

CLINICAL ELECTIVE ROTATION FEE

Application Processing Fee **Rs.2,000/-**

Grand Total **Rs.2,000/-**

Received Rs. _____

Officer Cashier _____

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