

Pls- Account No 12447900828601
HABIB BANK LIMITED
ALLAMA IQBAL MEDICAL COLLEGE
COMPLEX BRANCH LAHORE

Challan No ___ Dated ___
Allama Iqbal Medical College Lahore.

Name _____

Address _____

Pls- Account No 12447900828601
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 _____

Pls- Account No 12447900828601
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 _____

Pls- Account No 12447900828601
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 _____

Roll NO _____ 1st Year

COLLEGE FEE

1. Union Fund	100.00
2. College Shaheen	400.00
3. Sports Fund	700.00
4. Welfare Fund	200.00
5. PMC Reg	5000.00
6. Reg Fee UHS	4000.00
7. Class Exam Fee	200.00
8. College Security	500.00
9. Mosque Fund	200.00
10. Transport Fund	9500.00
11. Practical Fee.	325.00
12. Verification	2300.00

Grand Total 23,425/-

Received Rs. _____

Officer _____ Cashier _____

Roll NO _____ 1st Year

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2. College Shaheen	400.00
3. Sports Fund	700.00
4. Welfare Fund	200.00
5. PMC Reg	5000.00
6. Reg Fee UHS	4000.00
7. Class Exam Fee	200.00
8. College Security	500.00
9. Mosque Fund	200.00
10. Transport Fund	9500.00
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