



Bank Copy



Bacha Khan Medical College

MCA A/c No: 255959704
MCA A/c No: Bacha Khan Medical College Mardan MCA

Date: _____ Challan No. 316

Name (Dealer Name) : _____

Father Name: _____

Class (Dealer Code) : _____

MBBS/_____

CNIC No/Registration No: _____

Fee for: _____

Rs. (In Figures) : _____

(In Word) _____

Depositer Sign. _____

Bank Officer Sign.



College Copy



Bacha Khan Medical College

MCA A/c No: 255959704
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CNIC No/Registration No: _____

Fee for: _____

Rs. (In Figures) : _____

(In Word) _____

Depositer Sign. _____

Bank Officer Sign.



Student Copy



Bacha Khan Medical College

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MCA A/c No: Bacha Khan Medical College Mardan MCA

Date: _____ Challan No. 316

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MBBS/_____

CNIC No/Registration No: _____

Fee for: _____

Rs. (In Figures) : _____

(In Word) _____

Depositer Sign. _____

Bank Officer Sign.

(Bank Copy)



Bacha Khan College of Dentistry, Mardan
Branch Code: 1409 Account No. 270468054

(College Copy)



Bacha Khan College of Dentistry, Mardan
Branch Code: 1409 Account No. 270468054



(Student Copy)



Bacha Khan College of Dentistry, Mardan
Branch Code: 1409 Account No. 270468054

Date: _____
Challan No 357

Name _____

Father Name _____

Class _____

CNIC _____

Fee for _____

Rs. (In Figures) _____

(In Word) _____

Depositor Sign _____

Bank Officer Sign _____

Date: _____
Challan No 357

Name _____

Father Name _____

Class _____

CNIC _____

Fee for _____

Rs. (In Figures) _____

(In Word) _____

Depositor Sign _____

Bank Officer Sign _____

Date: _____
Challan No 357

Name _____

Father Name _____

Class _____

CNIC _____

Fee for _____

Rs. (In Figures) _____

(In Word) _____

Depositor Sign _____

Bank Officer Sign _____