## **Collecting Branch copy** University A/C copy **Application Form copy** Candidate copy LIAQUAT UNIVERSITY OF MEDICAL & HEALTH LIAQUAT UNIVERSITY OF MEDICAL & HEALTH LIAOUAT UNIVERSITY OF MEDICAL & HEALTH LIAOUAT UNIVERSITY OF MEDICAL & HEALTH SCIENCES, JAMSHORO SCIENCES, JAMSHORO SCIENCES, JAMSHORO SCIENCES, JAMSHORO Application Processing Fee for Admission in Diploma Paediatric Health Technician, LUMHS Session 2025 Session 2025 Session 2025 Session 2025 PROCESSING FEE VOUCHER PROCESSING FEE VOUCHER PROCESSING FEE VOUCHER PROCESSING FEE VOUCHER Habib Bank Limited Habib Bank Limited Habib Bank Limited Habib Bank Limited Account # 00727900180901 Account # 00727900180901 Account # 00727900180901 Account #00727900180901 Any Branch of HBL Any Branch of HBL Any Branch of HBL Any Branch of HBL Due Date / Last Date: 20-05-2025 Application No. Application No. Application No. Application No. Name: Name: Name: Name: CNIC: **CNIC:** CNIC: CNIC: Father Name: **Father Name:** Father Name: Father Name: District of domicile: **District of domicile:** District of domicile: District of domicile: Province: Province: Province: Province: Details of fee Details of fee Details of fee Details of fee Amount Amount Amount Amount Rs. 5000.00 Rs.5000.00 Rs. 5000.00 Rs. 5000.00 Application Processing fee Application Processing fee Application Processing fee Application Processing fee Rs. 5000.00 Rs. 5000.00 Total Total Total Rs. 5000.00

Amount in words: **Rupees Five Thousand Only** 

Signature of Applicant

For office use Receiving bank Branch Stamp & Signature

Application Challan No:

Amount in words:

**Rupees Five Thousand Only** 

Signature of Applicant

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Total Rs. 5000.00

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Signature of Applicant

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