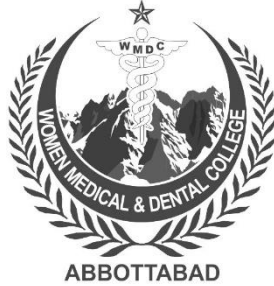


(Bank Copy)

**WOMEN MEDICAL & DENTAL
COLLEGE, ABBOTTABAD.**



Challan Form for MBBS

**Bank Al-Falah Limited Abbottabad
Account No: 0068-1003153506**

**United Bank Limited, Abbottabad
Account No:1069-000100344-0**

Name: _____

Father's Name: _____

CNIC No: _____

Address: _____

Cell No: _____

Amount Payable: **Rs.1000/-**
In word Rupees: One Thousand only

Date: _____

Bank Authorized
Signature & Seal: _____

(Candidate Copy)

**WOMEN MEDICAL & DENTAL
COLLEGE, ABBOTTABAD.**



Challan Form for MBBS

**Bank Al-Falah Limited Abbottabad
Account No: 0068-1003153506**

**United Bank Limited, Abbottabad
Account No:1069-000100344-0**

Name: _____

Father's Name: _____

CNIC No: _____

Address: _____

Cell No: _____

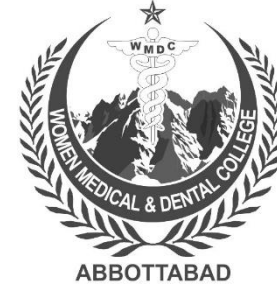
Amount Payable: **Rs.1000/-**
In word Rupees: One Thousand only

Date: _____

Bank Authorized
Signature & Seal: _____

(Finance Branch Copy)

**WOMEN MEDICAL & DENTAL
COLLEGE, ABBOTTABAD.**



Challan Form for MBBS

**Bank Al-Falah Limited Abbottabad
Account No: 0068-1003153506**

**United Bank Limited, Abbottabad
Account No:1069-000100344-0**

Name: _____

Father's Name: _____

CNIC No: _____

Address: _____

Cell No: _____

Amount Payable: **Rs.1000/-**
In word Rupees: One Thousand only

Date: _____

Bank Authorized
Signature & Seal: _____

(Student Branch Copy)

**WOMEN MEDICAL & DENTAL
COLLEGE, ABBOTTABAD.**



Challan Form for MBBS

**Bank Al-Falah Limited Abbottabad
Account No: 0068-1003153506**

**United Bank Limited, Abbottabad
Account No:1069-000100344-0**

Name: _____

Father's Name: _____

CNIC No: _____

Address: _____

Cell No: _____

Amount Payable: **Rs.1000/-**
In word Rupees: One Thousand only

Date: _____

Bank Authorized
Signature & Seal: _____