

Bank Copy
BOP Bank Square Branch

Account#6510000272900050

Account Title: KEMU Receipt Account
Bank Challan No: _____ Dated: _____

Name in Block Letters: _____

Father's Name: _____

Address: _____

Class: 1st year MBBS

Roll No: _____ Session: _____

General Fee: FOR HOSTELIED

Specialty _____

Particulars		Amount (Rs.)
University Fee		
1	Admission Fee	200
2	Registration Fee	2,000
3	Tuition Fee	22,600
4	Misc. Charges	2,830
5	University Fund	
6	Laboratory Charges	
7	Transport Charges	
8	Library Fee	
9	Library Security (Refundable)	
10	BSC Allied Health Sciences	
11	PG Degree Courses	
Hostel Charges		
12	Electricity & Sui Gas Charges	41,140
13	Room Rent	1,700
Others		
14	Degree / Transcript Fee	
15	Processing Fee/ward card	
16	Examination Fee	
17	Thesis Fee	
18	Canteen	
19	Tender	
20	Recovery	
21	Business Center	
22	Forensic Medicine	
23	Pathology	
TOTAL		70,470

Rupees: Seventy Thousand Four Hundred seventy Only.

Officer

Cashier

University's Copy
BOP Bank Square Branch

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10	BSC Allied Health Sciences	
11	PG Degree Courses	
Hostel Charges		
12	Electricity & Sui Gas Charges	41,140
13	Room Rent	1,700
Others		
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15	Processing Fee/ward card	
16	Examination Fee	
17	Thesis Fee	
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19	Tender	
20	Recovery	
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22	Forensic Medicine	
23	Pathology	
TOTAL		70,470

Rupees: Seventy Thousand Four Hundred seventy Only.

Officer

Cashier

Students's Copy
BOP Bank Square Branch

Account#6510000272900050

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9	Library Security (Refundable)	
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11	PG Degree Courses	
Hostel Charges		
12	Electricity & Sui Gas Charges	41,140
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Others		
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15	Processing Fee/ward card	
16	Examination Fee	
17	Thesis Fee	
18	Canteen	
19	Tender	
20	Recovery	
21	Business Center	
22	Forensic Medicine	
23	Pathology	
TOTAL		70,470

Rupees: Seventy Thousand Four Hundred seventy Only.

Officer

Cashier

Bank Copy
BOP Bank Square Branch

Account#6510000272900017

Account Title: KEMU Student's Funds Receipt Account
Bank Challan No: _____ Dated: _____

Name in Block Letters: _____

Father's Name: _____

Address: _____

Class: 1st year MBBS

Roll No: _____ Session: _____

General Fee: FOR HOSTELIED

Specialty _____

Particulars		Amount (Rs.)
<u>University Funds</u>		
1	Registration Fee For PMDC (1st Year Only)	3,000
2	Document Verification Fee	1,200
3	Security Refundable (1st Year Only)	1,000
4	Hostal Scurity	5,000
5	Kemcol Funds	1,000
6	Sports Funds	700
7	Mosque Funds	600
8	Welfare Funds	1,000
9	Class Examination Fee	1,500
10	Litrary Funds	2,000
<u>Hostel Fund</u>		
11	(Common Room Subscription)	500
TOTAL		17,500

Rupees: Seventeen Thousand Five Hundred Only/-

Officer

Cashier

University's Copy
BOP Bank Square Branch

Account#6510000272900017

Account Title: KEMU Student's Funds Receipt Account
Bank Challan No: _____ Dated: _____

Name in Block Letters: _____

Father's Name: _____

Address: _____

Class: 1st year MBBS

Roll No: _____ Session: _____

General Fee: FOR HOSTELIED

Specialty _____

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<u>University Funds</u>		
1	Registration Fee For PMDC (1st Year Only)	3,000
2	Document Verification Fee	1,200
3	Security Refundable (1st Year Only)	1,000
4	Hostal Scurity	5,000
5	Kemcol Funds	1,000
6	Sports Funds	700
7	Mosque Funds	600
8	Welfare Funds	1,000
9	Class Examination Fee	1,500
10	Litrary Funds	2,000
<u>Hostel Fund</u>		
11	(Common Room Subscription)	500
TOTAL		17,500

Rupees: Seventeen Thousand Five Hundred Only/-

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