

Liaquat National Hospital & Medical College

School of Physiotherapy

Application Fee Voucher

MS Physical Therapy

Date: _____

Name: _____

Father's Name: _____

CNIC#: _____

Mobile / Contact#: _____

Department / Institute: _____

Form Fee: Rs. 1000/=

Fee in Words: _____

Cash

Payorder

#: _____

Note: Fee will be submitted in Main Cash counter,
Administration Block-"C", (Fee is not Refundable)

Depositor's Signature: _____

Authorized Signature: _____

Fee will be submitted in Working Hours