Post Graduate Application
Payment Voucher

Accounts/Billing Copy

Date: _____

CNIC #: _____

Applicant's Name:

_____

Father's Name:

_____

Program Applied For:

_____

Amount: PKR.5,000/- (Five Thousand Only)

EITHER To Be Paid In Person at OPD Front Desk

OR online using the following details:

Account Name: South City Hospital (Pvt.) Ltd.

IBAN Number: PK12UNIL0109000259201063

(you must attach IBFT transfer with application form)

For Office Use Only

Received By:

_____

Signature & Stamp:

_____

Post Graduate Application
Payment Voucher

Applicant Copy

Date: _____

CNIC #: _____

Applicant's Name:

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Post Graduate Application
Payment Voucher

Attach With Form (Mandatory)

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