

Bank Details: 

<https://fbitransactcollection.faysalbank.com:3443/>

ADMIN_MGMT/Default.aspx

BANK COPY

Admission Number		Dated	
Students Name			
Father Name			
Program	Ultrasound	Duration	
Issue date		Due Date	
Account Title	Rahim Medical Institute and Allied Health Sciences		

Particulars	Amount
Admission Fee	
Tuition Fee	
Total Amount	

Signature & Stamp

Main GT Road Opposite BRT Stop Hashimghy Peshawar KP Pakistan

Phone: +92334-9281219

Email: Info@Rahimmedicalcentre.com

Bank Details: 

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ADMIN_MGMT/Default.aspx

STUDENT COPY

Admission Number		Dated	
Students Name			
Father Name			
Program	Ultrasound	Duration	
Issue date		Due Date	
Account Title	Rahim Medical Institute and Allied Health Sciences		

Particulars	Amount
Admission Fee	
Tuition Fee	
Total Amount	

Signature & Stamp

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OFFICE COPY

Admission Number		Dated	
Students Name			
Father Name			
Program	Ultrasound	Duration	
Issue date		Due Date	
Account Title	Rahim Medical Institute and Allied Health Sciences		

Particulars	Amount
Admission Fee	
Tuition Fee	
Total Amount	

Signature & Stamp

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