

SHAHEED MOHTARMA BENAZIR BHUTTO INSTITUTE OF TRAUMA  
 APPLICATION FORM  
 For Postgraduate Training Programs

Date: 2024-11-10 19:03:54

note this for future reference. MCPS RADIOLOGY

Fathers Name: Abdul Razzak  
 Email: \_\_\_\_\_

Challan No: 002154 SMBBIT Account's Copy



SHAHEED MOHTARMA BENAZIR BHUTTO  
 INSTITUTE OF TRAUMA KARACHI  
 POST GRADUATE MEDICAL EDUCATION

Sindh Bank Limited  
 Timber Market Branch, Karachi (0315) SINDH BANK  
 A/C # 0315-387300-6101

Due Date: 11-Nov-2024

Student C.N.I.C #  
42401-6404756-2

Student Name: Anum Razzak  
 Father's Name: Abdul Razzak  
 Course: MCPS RADIOLOGY

Detail Of Fees	Amount
Application Processing Fee	5000
Total Fee	5000
Rupees Five Thousand Only	

The fee amount can be deposited in any Sindh Bank Branch in Pakistan

Pay Order No./Cash: CASH

Bank Name: SINDH BANK LTD

Receiving Branch Stamp & Signature  
 Depositor Signature  
Anum

ANUM RAZZAK  
42401-6404756-2  
 Depositor Name & CNIC



Note: "No payment will be received after the expiry of the due date"

033-66652599

Challan No: 002154 Student's Copy



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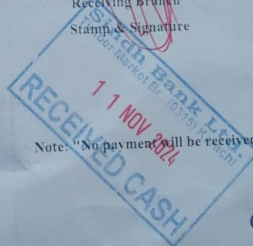
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