

STUDENT COPY



**HEALTH AID**  
COLLEGE OF NURSING & HEALTH SCIENCES



Date .....

**A/C No: PK42ABPA 001009110 0790010**

Name .....

Father Name .....

CNIC/Form B .....

Course/Discipline.....

Description	Amount in PKR.
Application Processing Fee	2000/-

**Bank Stamp**

**Signature**

Note: Fee can be deposited at any branch of Allied Bank Limited in any city.

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