



UNIVERSITY OF LORALAI
www.uoli.edu.pk

BANK COPY

**Allied Bank Account
0010125096050010**

| | |
|----------------|--|
| Name: | |
| Father's Name: | |
| CNIC No. | |
| Study Program: | |
| Contact No. | |
| Date: | |

Tick Your Desired Course fee

| Amount | Description | Amount |
|--------|-------------------------------|---------------|
| | DPT/BS Allied Health Sciences | 2000/- |
| | BS 4 Year | 1500/- |
| | Associate Degree Holders | 2000/- |
| | B.Ed (1.5, 2.5 Year) | 2000/- |
| | M.Phil/MS | 2500/- |
| | PhD | 3000/- |

Amount in Figures:

Amount in words:

NOTE

1. Fee can be deposited in any Allied Bank Branch.
2. Deposited fee is non-refundable.
3. Altered fee voucher is not acceptable.

BANK STAMP

APPLICANT SIGNATURE



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STUDENT COPY

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Amount in Figures:

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4. Fee can be deposited in any Allied Bank Branch.
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