

Bank Copy



**Bolan Medical College,
Quetta**

Date: _____

Bank Account (0184-4014858565)
(NBP) BMC Branch, Quetta.

Name of Student
(In Block Letters) _____

Father's Name _____

S.NO	Particulars	Amount
1	Merit Seat Form	Rs.
2	Special Category Form	Rs.
Total		Rs.

Amount in words _____

CASHIER

Deposited By

OFFICER

Depositor Copy



**Bolan Medical College,
Quetta**

Date: _____

Bank Account (0184-4014858565)
(NBP) BMC Branch, Quetta

Name of Student
(In Block Letters) _____

Father's Name _____

S.NO	Particulars	Amount
1	Merit Seat Form	Rs.
2	Special Category Form	Rs.
Total		Rs.

Amount in words _____

CASHIER

Deposited By

OFFICER

Admission Branch Copy



**Bolan Medical College,
Quetta**

Date: _____

Bank Account (0184-4014858565)
(NBP) BMC Branch, Quetta

Name of Student
(In Block Letters) _____

Father's Name _____

S.NO	Particulars	Amount
1	Merit Seat Form	Rs.
2	Special Category Form	Rs.
Total		Rs.

Amount in words _____

CASHIER

Deposited

OFFICER

Cashier BMC Copy



**Bolan Medical College,
Quetta**

Date: _____

Bank Account (0184-4014858565)
(NBP) BMC Branch, Quetta

Name of Student
(In Block Letters) _____

Father's Name _____

S.NO	Particulars	Amount
1	Merit Seat Form	Rs.
2	Special Category Form	Rs.
Total		Rs.

Amount in words _____

CASHIER

Deposited By

OFFICER