HITEC-IMS Nursing College  Askari Bank Limited, HIT Branch, Taxila Cantt  Fee Collection A/C No. 01890900000334		HITEC-IMS Nursing College  Askari Bank Limited, HIT Branch, Taxila Cantt  Fee Collection A/C No. 01890900000334		HITEC-IMS Nursing College  Askari Bank Limited, HIT Branch, Taxila Cantt  Fee Collection A/C No. 01890900000334		HITEC-IMS Nursing College Askari Bank Limited, HIT Branch, Taxila Cantt Fee Collection A/C No. 01890900000334					
Student Name :			Student Name :			Student Name :			Student Name :		
Father's Name :	·		Father's Name	:		Father's Name	:		Father's Name	:	
Student's CNIC :			Student's CNIC :			Student's CNIC :			Student's CNIC	:	
ssuance Date/Time : September 15, 2025			Issuance Date/Time : September 15, 2025			Issuance Date/Time : September 15, 2025			Issuance Date/Time : September 15, 2025		
PARTICULARS AMOUNT (Rs.)		PARTICULARS AMOUNT		AMOUNT (Rs.)	PARTICULARS AMOUNT (Rs.)		PARTICU	JLARS	AMOUNT (Rs.)		
Entrance Test Fees 3,000		Entrance Test Fees		3,000	Entrance 1	Entrance Test Fees 3,000		Entrance Test Fees		3,000	
Total Amount Payable 3,000		Total Amount Payable		3,000	Total Amount P	ayable	yable 3,000		Total Amount Payable		
Amount in Words: Th	ree thousand only		Amount in Words:	Three thousand or	nly	Amount in Words:	Three thousand or	nly	Amount in Words:	Three thousand or	nly
NOTE:  1. Student will submit 1 x paid copy of fee challan in Accounts Dept & Student Affairs Dept each.			NOTE:  1. Student will submit 1 x paid copy of fee challan in Accounts Dept & Student Affairs Dept each.			NOTE:  1. Student will submit 1 x paid copy of fee challan in Accounts Dept & Student Affairs Dept each.			NOTE:  1. Student will submit 1 x paid copy of fee challan in Accounts Dept & Student Affairs Dept each.		
3. Due Date:	31 Oct,		3. Due Date:		ct, 2025	3. Due Date:		ct, 2025	3. Due Date:		t, 2025
	Signature & Stamp by E	Bank	Signature & Stamp by Bank			Signature & Stamp by Bank			Signature & Stamp by Bank		