SOUTH CITY HOSPITAL	SOUTH CITY HOSPITAL	SOUTH CITY HOSPITAL
South PVT. LTD. City H	South PVT. LTD.	South PVT. LTD. City H
Account / Billing Copy	For Application Copy	<u>Candidate Copy</u>
Date:	Date:	Date:
Applicant Name:	Applicant Name:	Applicant Name:
Father Name:	Father Name:	Father Name:
CNIC #:	CNIC #:	CNIC #:
Program:	Program:	Program:
Amount: PKR.1,000/- (Rupees One Thousand only)	Amount: PKR.1,000/- (Rupees One Thousand only)	Amount: PKR.1,000/- (Rupees One Thousand only)
For Office Use:	For Office Use:	For Office Use:
Amount received by:	Amount received by:	Amount received by:
Name:	Name:	Name:

<u>Stamp</u>

- Last Day of Application receiveing is 14th November 2022.

- Fee once paid will not be refunded.

Signature

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