

 SOUTH CITY HOSPITAL PVT. LTD.	 SOUTH CITY HOSPITAL PVT. LTD.	 SOUTH CITY HOSPITAL PVT. LTD.
<p align="center"><u>Account / Billing Copy</u></p> <p>Date: _____</p> <p>Applicant Name: _____</p> <p>Father Name: _____</p> <p>CNIC #: _____</p> <p>Program: _____</p> <p>Amount: <u>PKR.1,000/- (Rupees One Thousand only)</u></p>	<p align="center"><u>For Application Copy</u></p> <p>Date: _____</p> <p>Applicant Name: _____</p> <p>Father Name: _____</p> <p>CNIC #: _____</p> <p>Program: _____</p> <p>Amount: <u>PKR.1,000/- (Rupees One Thousand only)</u></p>	<p align="center"><u>Candidate Copy</u></p> <p>Date: _____</p> <p>Applicant Name: _____</p> <p>Father Name: _____</p> <p>CNIC #: _____</p> <p>Program: _____</p> <p>Amount: <u>PKR.1,000/- (Rupees One Thousand only)</u></p>
<p>For Office Use:</p>	<p>For Office Use:</p>	<p>For Office Use:</p>
<p>Amount received by:</p> <p>Name:</p> <p><u>Signature</u> <u>Stamp</u></p> <p>- Last Day of Application receiveing is 14th November 2022. - Fee once paid will not be refunded.</p>	<p>Amount received by:</p> <p>Name:</p> <p><u>Signature</u> <u>Stamp</u></p> <p>- Last Day of Application receiveing is 14th November 2022. - Fee once paid will not be refunded.</p>	<p>Amount received by:</p> <p>Name:</p> <p><u>Signature</u> <u>Stamp</u></p> <p>- Last Day of Application receiveing is 14th November 2022. - Fee once paid will not be refunded.</p>