



FATA UNIVERSITY
FR KOHAT
Deposit Slip



BANK'S COPY

Date: ___ / ___ / ___

Branch code: _____

Branch Name: _____

Account Title: **FATA University**
Controller of Examination

Account No. **08156308716100**

Name: _____

Father's Name: _____

Program: _____

Registration No. _____

Session: _____

CNIC: _____

On Account Of: _____

Fee (in Figures): _____

Fee (in Words): _____

Depositor's Signature Bank Officer's Signature
With Stamp



FATA UNIVERSITY
FR KOHAT
Deposit Slip



STUDENT'S COPY

Date: ___ / ___ / ___

Branch code: _____

Branch Name: _____

Account Title: **FATA University**
Controller of Examination

Account No. **08156308716100**

Name: _____

Father's Name: _____

Program: _____

Registration No. _____

Session: _____

CNIC: _____

On Account Of: _____

Fee (in Figures): _____

Fee (in Words): _____

Depositor's Signature Bank Officer's Signature
With Stamp



FATA UNIVERSITY
FR KOHAT
Deposit Slip



CoE OFFICE COPY

Date: ___ / ___ / ___

Branch code: _____

Branch Name: _____

Account Title: **FATA University**
Controller of Examination

Account No. **08156308716100**

Name: _____

Father's Name: _____

Program: _____

Registration No. _____

Session: _____

CNIC: _____

On Account Of: _____

Fee (in Figures): _____

Fee (in Words): _____

Depositor's Signature Bank Officer's Signature
With Stamp



FATA UNIVERSITY
FR KOHAT
Deposit Slip



TREASURER'S COPY

Date: ___ / ___ / ___

Branch code: _____

Branch Name: _____

Account Title: **FATA University**
Controller of Examination

Account No. **08156308716100**

Name: _____

Father's Name: _____

Program: _____

Registration No. _____

Session: _____

CNIC: _____

On Account Of: _____

Fee (in Figures): _____

Fee (in Words): _____

Depositor's Signature Bank Officer's Signature
With Stamp

