# Challan Form For Convocation 2016

**Collecting Branch Copy**

Dow University of Health Sciences  
UBL A/C # 3100016-8  
UBL SAFOORA CHOWK

Due Date: 10/09/2016

<table>
<thead>
<tr>
<th>Voucher #</th>
<th>Enrollment No Mandatory</th>
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**Name**  
**Father’s Name**  
**Course**  

**Detail of Fees**  
**Amount**  
Convocation Fee  
100.00  
TOTAL  
100.00  
DOLLARS ONE HUNDRED ONLY

**Note:** The fee amount can only be deposited in above mentioned branch.

Cash/ Pay Order No.  
Bank Name:  

__________________________  
Receiving Branch Stamp & Signature

**DUHS A/c Office Copy**

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**Application Form Copy**

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**Applicant’s Copy**

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