

# **PROVINCIAL HEALTH SERVICES ACADEMY PESHAWAR** (PHSA) **BANK COPY**

### **NATIONAL BANK OF PAKISTAN**

(AITEMAAD BRANCH)



#### Account No.

### 2268003311456435

S.No.	Date: / / 2025	
Applicant Name		
Father's Name		
KMU CAT 2025 ROLL NO#		
Processing Fee for BS Nursing Admission	Rs. 500/-	
CNIC#		
Due Date	25/09/2025	
Amount: (Rupees five hundred only)		
Bank Authorized Signature with stamp		

# **PROVINCIAL HEALTH SERVICES ACADEMY PESHAWAR** (PHSA)

## **INSTITUTE COPY**

## **NATIONAL BANK OF PAKISTAN**

(AITEMAAD BRANCH)



#### Account No.

### 2268003311456435

S.No.	Date: / / 2025
Applicant Name	
Father's Name	
KMU CAT 2025 ROLL NO#	
Processing Fee	
for BS Nursing	Rs. 500/-
Admission	
CNIC#	
Due Date	25/09/2025
Amount: (Rupees five hundred only)	

Bank Authorized Signature with stamp



# **PROVINCIAL HEALTH SERVICES ACADEMY PESHAWAR** (PHSA) **APPLICANT COPY**

# **NATIONAL BANK OF PAKISTAN**

(AITEMAAD BRANCH)



Account No.

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