National Bank of Pakistan
نیشنل بینک آف پاکستان

Proceedings-SZMC

For Subscription (Individual)

(Depositor Copy)

INTER BRANCH TRANSACTION PAY IN SLIP

Branch Code:					
Branch Name:					

Date:						

Depositor Copy	✓
CASH DEPOSIT	
FUND TRANSFER	

CREDITED TO:

Branch Code				Branch Name
1	7	0	7	NBP Shaikh Zayed Hospital, Lahore Branch

Ref / IBT Number

Tick A/C Type									A/C Type			ACCOUNT NO.											
PLS ✓			C/A				ADV																
P	K	7	9	N	B	P	A	1	7	0	7	0	0	3	0	0	1	4	0	9	6	1	9

Name: SKZ MEDICAL & DENTAL COLLEGE LAHORE

Rs.	2	0	0	0	0	/	-				

Amount in Words: Twenty Thousand Only

Bank's Stamp

Authorized Signature

Applicant's Signature

Name : _____

Father's Name : _____

CNIC No. : _____

Phone No. : _____

National Bank of Pakistan
نیشنل بینک آف پاکستان

Proceedings-SZMC

For Subscription (Individual)

(Bank Copy)

INTER BRANCH TRANSACTION PAY IN SLIP

Branch Code:				
Branch Name:				

Date:						

Depositor Copy	✓
CASH DEPOSIT	
FUND TRANSFER	

CREDITED TO:

Branch Code				Branch Name
1	7	0	7	NBP Shaikh Zayed Hospital, Lahore Branch

Ref / IBT Number

Tick A/C Type									A/C Type			ACCOUNT NO.										
PLS ✓			C/A				ADV															
P	K	7	9	N	B	P	A	1	7	0	7	0	0	3	0	0	1	4	0	9	6	1	9

Name: SKZ MEDICAL & DENTAL COLLEGE LAHORE

Rs.	2	0	0	0	0	/	-				

Amount in Words: Twenty Thousand Only

Bank's Stamp

Authorized Signature

Applicant's Signature

Name : _____

Father's Name : _____

CNIC No. : _____

Phone No. : _____

National Bank of Pakistan
نیشنل بینک آف پاکستان

Proceedings-SZMC

For Subscription (Individual)

(Department Copy)

INTER BRANCH TRANSACTION PAY IN SLIP

Branch Code:				
Branch Name:				

Date:						

Depositor Copy	✓
CASH DEPOSIT	
FUND TRANSFER	

CREDITED TO:

Branch Code				Branch Name
1	7	0	7	NBP Shaikh Zayed Hospital, Lahore Branch

Ref / IBT Number

Tick A/C Type									A/C Type			ACCOUNT NO.										
PLS ✓			C/A				ADV															
P	K	7	9	N	B	P	A	1	7	0	7	0	0	3	0	0	1	4	0	9	6	1	9

Name: SKZ MEDICAL & DENTAL COLLEGE LAHORE

Rs.	2	0	0	0	0	/	-				

Amount in Words: Twenty Thousand Only

Bank's Stamp

Authorized Signature

Applicant's Signature

Name : _____

Father's Name : _____

CNIC No. : _____

Phone No. : _____