Bank Copy	rvices	<u>Proje</u>	ct Name: SCJ Rajanpur
Original slip must be provided. Serving with integrity (Please deposit fee in only one bank & tick the relevant bank)	Branch Code: Branch Name:	Date:	
Bank Alfalah MCB Arc Central Testing Services MCB Arc No.: 0044-1006496947	Roll No: (Required*)		
Note: Bank Service Charges Free of Cost	Name: (Required*)		
Limited	Father Name: (Required*)		
A/C No. : 251609182 Note: Bank Service Charges Free of Cost	CNIC No/ B Form No: (Required*)		
Note*: Bank stamp is required on the deposit Slip. All the fields on the right are required. Incomplete deposit slip will not be entertained.	Post Name: (Required*)		
Amount S00/- Amount in Words Five Hundred Rupees Only Non Refundable/ Non Transferable	Applicant Signature	Cashier	Officer
CTS Copy *Original slip must be provided. Central Testing Ser serving with integrity		•	ct Name: SCJ Rajanpur
CTS Copy *Original slip must be provided. (* Please deposit fee in only one bank & tick the relevant bank)		Date:	ct Name: SCJ Rajanpur
Original slip must be provided. Service serving with integrity (Please deposit fee in only one bank & tick the relevant bank) Bank Alfalah Bank Alfalah Arc Title: Central Testing Services MCB Bank Climate MCB Central Testing Services	Branch Code:	Date:	
Original slip must be provided. serving writh integrity (Please deposit fee in only one bank & tick the relevant bank)	Branch Code: Branch Name: Roll No:	Date:	
*Original slip must be provided. *Please deposit fee in only one bank & tick the relevant bank)	Branch Code: Branch Name: Roll No: (Required*) Applicant's Name:	Date:	
Original slip must be provided. Service Service Service Service Service Service Service Service Service Charges Free of Cost Service	Branch Code: Branch Name: Roll No: (Required) Applicant's Name: (Required*) Father Name:	Date:	
Original slip must be provided. (Please deposit fee in only one bank & tick the relevant bank)	Branch Code: Branch Name: Roll No: (Required*) Applicant's Name: (Required*) Father Name: (Required*) CNIC No/ B Form No: (Required*)	Date:	
*Original slip must be provided. *Please deposit fee in only one bank & tick the relevant bank (* Please deposit fee in only one bank & tick the relevant bank Mark Alfalah Bank Alfalah Bank Alfalah Bank Alfalah Bank Alfalah Bank Alfalah Contral Testing Services MCB MCB MCB MCB MCB MCB MCB MCB MCB	Branch Code: Branch Name: Roll No: (Required*) Applicant's Name: (Required*) Father Name: (Required*) CNIC No/ B Form No: (Required*) Post Name:	Date:	

Candidate Copy	Project Name: SCJ Rajanpur
Original slip must be provided. Services serving with integrit (Please deposit fee in only one bank & tick the relevant bank)	^{ty} Branch Code: Date: Branch Name:
Bank Alfalah MCB	Roll No:
A/c Central Testing Services	(Required*)
A/C No.: 0044-1006496947	Applicant's
Note: Bank Service Charges Free of Cost Note: Bank Service Charges Free of Cost	Name:
United Bank Limited	(Required*) Father Name: (Required*)
A/C No.: 251609182	CNIC No/
All Note: 2.51003102 Note: Bank Service Charges Free of Cost	B Form No: (Required*)
Note*: Bank stamp is required on the deposit Slip.	
All the fields on the right are required. Incomplete deposit slip will not be entertained.	Post Name: (Required*)
Amount 500/- Amount in Five Hundred Rupees Only Rs: Non Refundable/ Non Transferable	Applicant Signature Cashier Officer