KHYBER MEDICAL UNIVERSITY
INSTITUTE OF MEDICAL SCIENCES
, K.D.A, Kohat, Khyber Pakhtunkhwa, Pakistan. Ph# + 92-514095,

The Registrar
Khyber Medical University
Peshawar.

Through: **PRINCIPAL/INCHARGE/HEAD OF THE INSTITUTION/SECTION**
SUBJECT: **PERFORMA FOR RE-IMBURSEMENT OF TUITION FEE**

| **Name:** | | | **Name:** | | | **Name:** | | | **G. Total** |
|---|---|---|---|---|---|---|---|---|---|
| **School:** | | | **School: :** | | | **School** | | | |
| **Class** | | | **Class** | | | **Class** | | | |
| **Month** | **Receipt No** | **Tuition Fee** | **Month** | **Receipt No** | **Tuition Fee** | **Month** | **Receipt No** | **Tuition Fee** | |
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| **G. Total** | | | | | | | | | |

Employee Signature _____
Name: _____
Designation: _____
Institute/Dept/College: KMU-IMS, Kohat
Dated: _____

No. _____

The above is forwarded for necessary action, please.

**Principal/Head of Inst/Deptt**

CamScanner