

NATIONAL UNIVERSITY OF MEDICAL SCIENCES RAWALPINDI

APPLICATION FORM RETOTALING - MDCAT (NUMS) 2024 FOR STUDENT USE ONLY

Exam Roll No: _____

Name: _____

HBL Cash Deposit Slip No: _____

Dated: _____

Retotaling Fee Amount: **Rupees One Thousand Only.**

Rs.1000/=

Student Signature

Bank Details

Account Title: NUMS FEE

Account Number: 0012367980549003

HBL Kashmir Road, Rawalpindi

Note:

1. Students are required to submit their HBL Paid Cash Deposit Slip alongwith application form to 'Deputy Controller Examinations (A&D), National University of Medical Sciences, C/O MH Rawalpindi'.
2. Online Fee transfer through IBFT / Internet Banking / ATM Transfer Through Mobile Apps are **NOT** acceptable. Pay order/Demand draft are **NOT ACCEPTABLE.**

FOR OFFICE USE ONLY

1. Retotaling result: _____

Date: _____

Controller of Examinations