

Bank Copy



WISDOM INSTITUTE OF NURSING AND ALLIED HEALTH SCIENCES
HYDERABAD Faysal Bank Limited IBB Wadhu Wah Qasimabad Hyderabad
WISDOM ASSOCIATE PRIVATE LIMITED
A/C # : 3272787000002170

Month(S) : _____ S No: _____

Issue Date _____ Due Date _____

Name Of Pupil _____

S/o , D/o _____

Cnic _____

Programe _____

Details	Amount
Admission Form Fee	2000/=
Amount Payable	2000/=

Signature Bank Officer _____ Signature Institute Authority _____

Institute Copy



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Student File



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