BANK COPY

Challan No.

Habib Bank Limited

International Islamic University, Islamabad

Chanan No
Date:
Title of the Training Progamme:
Account Title: IRI Grant in Aid Account

Name of the Applicant: ______
Father's Name:

Faculty/Department/Institute:

Account No: 5006-00100741-03

Semester/Year:______
Particulars Rupees Registration /Bench Fee

Particulars	Rupees
Registration /Bench Fee	

Rupees (In words)

Cashier/Officer

Signature

Challan Form

OFFICE COPY

Habib Bank Limited

International Islamic University, Islamabad

Challan No	
Date:	
Title of the Training Proga	mme:
Account Title: IRI Grant in	n Aid Account
Account No: 5006-001007	41-03
Name of the Applicant:	
Father's Name:	
Faculty/Department/Institu	ite:
Semester/Year:	
Particulars Rupees Registr	ation /Bench Fee
Particulars	Rupees
Registration /Bench Fee	

Rupees (In words)

Cashier/Officer

Signature

APPLICANT COPY

Habib Bank Limited

International Islamic University, Islamabad

Date:		
Title of the Training Progamme:		
Account Title: IRI Grant in Aid	Account	
Account No: 5006-00100741-03	3	
Name of the Applicant:		
Father's Name:		
Faculty/Department/Institute:		

Rupees (In words)

Particulars Rupees Registration / Bench Fee

Rupees

Particulars

Registration /Bench Fee

Cashier/Officer

Signature