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| **PAKISTAN****NURSING COUNCIL**Park Road, Near NIH, Chak Shehzad, IslamabadPhone No. 051-92558051. **National Bank of Pakistan NIH Br Islamabad Account No.PNC-407-0**
2. **Habib Bank Limited Account No: 00427991718503**

**Registration Type:** Registration/Renewal/Ver |  | **PAKISTAN****NURSING COUNCIL**Park Road, Near NIH, Chak Shehzad, IslamabadPhone No. 051-92558051. **National Bank of Pakistan NIH Br Islamabad Account No.PNC-407-0**
2. **Habib Bank Limited Account No: 00427991718503**

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2. **Habib Bank Limited Account No: 00427991718503**

**Registration Type:** Registration/Renewal/Ver |
| **Depositor Copy** |  | **PNC Copy** |  | **Bank Copy** |
| Date:  |  | Date:  |  | Date:  |
| PNC Reg No (if any):  |  | PNC Reg No (if any):  |  | PNC Reg No (if any):  |
| Name:  |  | Name:  |  | Name:  |
| Father Name:  |  | Father Name:  |  | Father Name:  |
| CNIC #:  |  | CNIC #:  |  | CNIC #:  |
| Phone No:  |  | Phone No:  |  | Phone No:  |
| **Applications (1) Fee Paid** |  | **Applications (1) Fee Paid** |  | **Applications (1) Fee Paid** |
| Int. Verification Fee:(10000) \_\_\_\_\_\_\_\_  |  | Int. Verification Fee:(10000) \_\_\_\_\_\_\_\_  |  | Int. Verification Fee:(10000) \_\_\_\_\_\_\_\_  |
| Normal Reg/Renewal Fee: (3000) \_\_\_\_\_\_\_\_ |  | Normal Reg/Renewal Fee: (3000) \_\_\_\_\_\_\_\_ |  | Normal Reg/Renewal Fee: (3000) \_\_\_\_\_\_\_\_ |
| Pro Reg Fee: (1000) \_\_\_\_\_\_\_\_ |  | Pro Reg Fee: (1000) \_\_\_\_\_\_\_\_ |  | Pro Reg Fee: (1000) \_\_\_\_\_\_\_\_ |
| New Entry: (1000\*1) \_\_\_\_\_\_\_\_ |  | New Entry: (1000\*1) \_\_\_\_\_\_\_\_ |  | New Entry: (1000\*1) \_\_\_\_\_\_\_\_ |
| Late Fee: (600/year) \_\_\_\_\_\_\_\_  |  | Late Fee: (600/year) \_\_\_\_\_\_\_\_  |  | Late Fee: (600/year) \_\_\_\_\_\_\_\_  |
| Urgent Processing Fee (2000) \_\_\_\_\_\_\_\_\_Other Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  | Urgent Processing Fee (2000) \_\_\_\_\_\_\_\_\_Other Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  | Urgent Processing Fee (2000) \_\_\_\_\_\_\_\_\_Other Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Total Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |  | **Total Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |  | **Total Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| IN WORDS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | IN WORDS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | IN WORDS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Depositor Sig: \_\_\_\_\_\_\_\_\_ Cashier Sig:\_\_\_\_\_\_\_ |  | Depositor Sig: \_\_\_\_\_\_\_\_\_ Cashier Sig:\_\_\_\_\_\_\_ |  | Depositor Sig: \_\_\_\_\_\_\_\_\_ Cashier Sig:\_\_\_\_\_\_\_ |
| **Note:*** **Fee can be deposited in any HBL Branch.**
* **It is mandatory to attach the payment receipt with the documents.**
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