|  |
| --- |
| **PAKISTAN****NURSING AND MIDWIFERY COUNCIL**Park Road, Near NIH, ChakShehzad, Islamabad Phone No. 051-92558051. **National Bank of Pakistan NIH Br Islamabad Account No.PNC-407-**
2. **Habib Bank Limited Account No: 00427991718503 Registration Type:** Institute Fee
 |
| **Depositor Copy** |
| Date: |
| Inst. Name: |
| Owner Name: |
| Father Name: |
| CNIC #: |
| Phone No: |
| **Fee Details** |
| Inst. Application Processing fee Rs. 50,000/- |  |
| Inst. Inspection Fee. Rs. 2,50,000/- |  |
| Application Fee Degree Programme (eachprogram).(New and seat enhancement) (2,00,000/- per program) |  |
| Application Fee Diploma Programme (eachprogram).(New and seat enhancement) (1,00,000/- |  |
| Institute Recognition Rs.1,00,000/- |  |
| Fee for change of name of institute in record of the Council. Rs. 3,00,000/- |  |
| Fee for change of ownership entries in record of the Council. Rs.3,00,000/- |  |
| Application for Review of Decision of the Council. Rs. 5,00,000/- |  |
| Pre Registration (Rs.1000/ student) |  |
| Faculty Registration Fee (Rs.1000/faculty) |  |
| Misc. Fee: |  |
| **Total Amount:** |  |
| IN WORDS: Depositor Sig: Cashier Sig:  |

|  |
| --- |
| **PAKISTAN****NURSING AND MIDWIFERY COUNCIL**Park Road, Near NIH, ChakShehzad, Islamabad Phone No. 051-92558051. **National Bank of Pakistan NIH Br Islamabad Account No.PNC-407-0**
2. **Habib Bank Limited Account No: 00427991718503 Registration Type:** Institute Fee
 |
| **PNC Copy** |
| Date: |
| Inst. Name: |
| Owner Name: |
| Father Name: |
| CNIC #: |
| Phone No: |
| **Fee Details** |
| Inst. Application Processing fee Rs. 50,000/- |  |
| Inst. Inspection Fee. Rs. 2,50,000/- |  |
| Application Fee Degree Programme (each program).(New and seat enhancement) (2,00,000/- per program) |  |
| Application Fee Diploma Programme (eachprogram).(New and seat enhancement) (1,00,000/ |  |
| Institute Recognition Rs.1,00,000/- |  |
| Fee for change of name of institute in record of theCouncil. Rs. 3,00,000/- |  |
| Fee for change of ownership entries in record of theCouncil. Rs.3,00,000/- |  |
| Application for Review of Decision of the Council. Rs.5,00,000/- |  |
| Pre Registration (Rs.1000/ student) |  |
| Faculty Registration Fee (Rs.1000/faculty) |  |
| Misc. Fee: |  |
| **Total Amount:** |  |
| IN WORDS: Depositor Sig: Cashier Sig:  |

|  |
| --- |
| **PAKISTAN****NURSING AND MIDWIFERY COUNCIL**Park Road, Near NIH, ChakShehzad, Islamabad Phone No. 051-92558051. **National Bank of Pakistan NIH Br Islamabad Account No.PNC-**
2. **Habib Bank Limited Account No: 00427991718503 Registration Type:** Institute Fee
 |
| **Bank Copy** |
| Date: |
| Inst. Name: |
| Owner Name: |
| Father Name: |
| CNIC #: |
| Phone No: |
| **Fee Details** |
| Inst. Application Processing fee Rs. 50,000/- |  |
| Inst. Inspection Fee. Rs. 2,50,000/- |  |
| Application Fee Degree Programme (eachprogram).(New and seat enhancement) (2,00,000/- per program) |  |
| Application Fee Diploma Programme (eachprogram).(New and seat enhancement) 1,00,000/- |  |
| Institute Recognition Rs.1,00,000/- |  |
| Fee for change of name of institute in record of the Council. Rs. 3,00,000/- |  |
| Fee for change of ownership entries in record of the Council. Rs.3,00,000/- |  |
| Application for Review of Decision of the Council. Rs. 5,00,000/- |  |
| Pre Registration (Rs.1000/ student) |  |
| Faculty Registration Fee (Rs.1000/faculty) |  |
| Misc. Fee: |  |
| **Total Amount:** |  |
| IN WORDS: Depositor Sig: Cashier Sig:  |

Note:

* **Fee can be deposited in any HBL Branch.**
* **It is mandatory to attach the payment receipt with the documents.**

Note:

* **Fee can be deposited in any HBL Branch.**
* **It is mandatory to attach the payment receipt with the documents.**

Note:

* **Fee can be deposited in any HBL Branch.**
* **It is mandatory to attach the payment receipt with the documents.**