



**Pakistan Institute of Community
Ophthalmology , Hayatabad Medical
Complex, Peshawar**

Receipt (Candidate Copy)

S. No: _____

Name: _____

Father's Name: _____

Post Applied for: _____

Dated: _____

Deposit Amount: _____

Applicant Signature: _____

Accounts Section (PICO): _____



**Pakistan Institute of Community
Ophthalmology , Hayatabad Medical
Complex, Peshawar**

Receipt (Office Copy)

S. No: _____

Name: _____

Father's Name: _____

Post Applied for: _____

Dated: _____

Deposit Amount: _____

Applicant Signature: _____

Accounts Section (PICO): _____