IHRA
Islamabad Healthcare Regulatory Authority

askaribank

BANK COPY

Online Deposit Slip

Bank	Askari Bank	**Branch**	From Any Branch Of Askari Bank
Account Title	Islamabad Healthcare Regulatory Authority (IHRA)	**Account No.**	1150420000481
Amount		**In Words**	
Applicant Name		**Father Name**	
CNIC/ Form B No		**Date Of Birth**	

Note: Application form will not be entertained without original deposit slip.

Bank Service Charges, Free of Cost.

Applicant Signature

Cashier Signature & Stamp

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