

CHALLAN
MTR Form Number-6

Department			Date			Form ID			Payee Copy			
Type of Payment			Payee Details									
Office Name			Dept ID (If Any)									
Location			PAN No (If Applicable)									
Year	Period :: From		To		Full Name							
Account Head Details			Code	Amount in Rs.		Flat/Block no,Premises/Bldg						
						Road/Street, Area/Locality						
						Town/City/District						
						PIN						
			REMARKS (If Any)									
Total						Amount In Words						
Payment Details			Cash / Cheque-DD		FOR USE IN RECEIVING BANK							
			Cheque-DD Details		Bank CIN No							
Cheque/DD No					Date							
Name of Bank					Bank-Branch							
Name of Branch					Scroll No							

Verified. Please Accept Payment
Signature and Designation of person verifying Payment with Stamp
Note: The Account Head and Code should be verified by the dept. / treasury wherever necessary.

Signature of Person Making Payment

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Location			PAN No (If Applicable)									
Year	Period :: From		To		Full Name							
Account Head Details			Code	Amount in Rs.		Flat/Block no,Premises/Bldg						
						Road/Street, Area/Locality						
						Town/City/District						
						PIN						
			REMARKS (If Any)									
SCHEME_CODE							Amount In Words					
Total												
Payment Details			Cash / Cheque-DD		FOR USE IN RECEIVING BANK							
			Cheque-DD Details		Bank CIN No							
Cheque/DD No					Date							
Name of Bank					Bank-Branch							
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Signature of Person Making Payment

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MTR Form Number-6

Department			Date			Form ID			Treasury Copy			
Type of Payment			Payee Details									
Office Name			Dept ID (If Any)									
Location			PAN No (If Applicable)									
Year	Period :: From		To		Full Name							
SCHEME_CODE							Amount In Words					
Total												
Payment Details			Cash / Cheque-DD		FOR USE IN RECEIVING BANK							
			Cheque-DD Details		Bank CIN No							
Cheque/DD No					Date							
Name of Bank					Bank-Branch							
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