

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) | | | |
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| | | | | | | | | | |
| 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

CHALLAN
MTR Form Number-6

| Department | | | | Date | | Form ID | | Department 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) | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| 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 | | | |
| Name of Branch | | | | | | Scroll No | | | |

Verified. Please Accept Payment
Signature and Designation of person verifying Payment with Stamp
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Signature of Person Making Payment

CHALLAN
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 | | | |
| Name of Branch | | | | | | Scroll No | | | |

Verified. Please Accept Payment
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Signature of Person Making Payment