

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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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)			
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			
Name of Branch						Scroll No			

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