**CoB Message**

From: Tester Inspector, SDFPB, Unit

To: The Director, FPB, TVPM

**No.** **No/PDL/2018/SDFPB/UNIT DATE:** **Date**

**SINGLE DIGIT FINGERPRINT BUREAU,** **DISTRICT**

Revenue collection details for the month of Month

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Head of Account | Amount collected during the month | Amount collected upto previous month | Progressive Total | Collection upto the month during the last year |
| Head | ` Amount1 | ` Amount2 | ` Amount3 | ` Amount4 |