



Department of Posts eMO Form

(Name of Booking Post Office.....) Dated (dd / mm / yyyy)

Remitter Address

Name Rakhel Dash

Address 1 Shikshyashree Lane

Address 2 Atharanala, Kumbharapada

Address 3 _____

District Puri

State Odisha

PIN Code 752002

Ph - 7008950970

I intend to pay Rs. 100 (in figure)..... **Rupees one hundred only**..... (in words)

through eMO to the following payee:

Name **Senior Postmaster**

Address 1 **Philatelic Bureau**

Address 2 **Patna**

Address 3 _____

District _____

State _____

PIN Code **800001**

Give the relevant option for Message Code: **100 POSTACRDS WITH KARGIL DAY PICTORIAL CANG**

Message Code ☐ ☐

(Name and signature of Remitter)

FOR OFFICE USE ONLY

Amount of Remittance

Commission

Total

..... (Space for pasting eMO receipt)

.....

Signature of MO PA

Authorized for remittance

Oblong Stamp

(Signature)
CPM/SPM/DPM/APM/SPM



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Address 3 _____

District Puri

State Odisha

PIN Code 752002

Ph - 7008950970

I intend to pay Rs. 100 (in figure)..... **Rupees one hundred only**..... (in words)

through eMO to the following payee:

Name **Senior Postmaster**

Address 1 **Philatelic Bureau**

Address 2 **Silchar HPO**

Address 3 _____

District _____

State _____

PIN Code **788001**

Give the relevant option for Message Code: **100 POSTACRDS WITH KARGIL DAY PICTORIAL CANG**

Message Code ☐ ☐

(Name and signature of Remitter)

FOR OFFICE USE ONLY

Amount of Remittance

Commission

Total

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Signature of MO PA

Authorized for remittance

Oblong Stamp

(Signature)
CPM/SPM/DPM/APM/SPM



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Remitter Address

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Address 2 Atharanala, Kumbharapada

Address 3 _____

District Puri

State Odisha

PIN Code 752002

Ph - 7008950970

I intend to pay Rs. 100 (in figure)..... **Rupees one hundred only**..... (in words)

through eMO to the following payee:

Name **Senior Postmaster**

Address 1 **Philatelic Bureau**

Address 2 **Srinagar G.P.O.**

Address 3 _____

District _____

State _____

PIN Code **190001**

Give the relevant option for Message Code: **100 POSTACRDS WITH KARGIL DAY PICTORIAL CANG**

Message Code ☐ ☐

(Name and signature of Remitter)

FOR OFFICE USE ONLY

Amount of Remittance

Commission

Total

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Signature of MO PA

Authorized for remittance

Oblong Stamp

(Signature)
CPM/SPM/DPM/APM/SPM