

## Department of Posts eMO Form

(Name of Booking	Dated (dd / mm / yyyy) g Post Office)
Remitter Address Name Rakhel Dash Address 1 Shikshyashree Lane Address 2 Atharanala, Kumbhara Address 3 District Puri State Odisha PIN Code 752002 Ph - 7008950970	I intend to pay Rs
Give the relevant option for Message Co	ode: SPECIAL COVER  (Name and signature of Remitter)
F	FOR OFFICE USE ONLY
Amount of Remittance Commission Total	(Space for pasting eMO receipt)
Signature of MO PA	Authorized for remittance Oblong Stamp



## Department of Posts eMO Form

(Name of Booking Post C	Dated (dd / mm / yyyy) Office)
(Name of Booking Fost C	,
Remitter Address	I intend to pay Rs
Name Rakhel Dash	figure)Rupees fifty two only (in words)
Address 1 Shikshyashree Lane	through eMO to the following payee:
Address 2 Atharanala, Kumbharapada	-
Address 3	Name Senior Postmaster
District Puri	Address 1 Philatelic Bureau
State Odisha	Address 2 Mysuru
PIN Code 752002	Address 3
Ph - 7008950970	District
*	State
	PIN Code <b>670001</b>
Give the relevant option for Message Code: <b>SP</b>	ECIAL COVER
Message Code	
INICOOUGU COUC	
	(Name and signature of Remitter)
FOR O	FFICE USE ONLY
Amount of Remittance	
Commission	(Space for pasting eMO receipt)
Total	
,	
Oim ature of MO DA	Authorized for remittance
Signature of MO PA	
	Oblong Stamp
*	,