



Department of Posts
eMO Form

Dated (dd / mm / yyyy)

(Name of Booking Post Office.....)

Remitter Address

Name **Rakhe1 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..... (in figure)..... (in words)

through eMO to the following payee:

Name **Senior Postmaster**

Address 1 **Philatelic Bureau**

Address 2 **Tiruchirappalli**

Address 3

District

State

PIN Code **620 001**

Give the relevant option for Message Code: **SPECIAL COVER**

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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Dated (dd / mm / yyyy)

(Name of Booking Post Office.....)

Remitter Address

Name **Rakhe1 Dash**

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Address 2 **Atharanala, Kumbharapada**

Address 3

District **Puri**

State **Odisha**

PIN Code **752002**

Ph - 7008950970

I intend to pay Rs. **200** (in figure)..... **Rupees two hundred only** (in words)

through eMO to the following payee:

Name **Senior Postmaster**

Address 1 **Philatelic Bureau**

Address 2 **Silchar HO**

Address 3

District

State

PIN Code **788001**

Give the relevant option for Message Code: **REMAINING AMOUNT**

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