



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. 110 (in figure) Rupees one hundred ten only (in words) through eMO to the following payee:

Name Senior Postmaster
Address 1 Philatelic Bureau
Address 2 Kolkata GPO
Address 3 _____
District _____
State _____
PIN Code 700001

Give the relevant option for Message Code:

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



Department of Posts eMO Form

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

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. 300 (in figure) Rupees three hundred only (in words) through eMO to the following payee:

Name Senior Postmaster
Address 1 Philatelic Bureau
Address 2 New Delhi GPO
Address 3 _____
District _____
State _____
PIN Code 110001

Give the relevant option for Message Code: **IN-SA MEET AND CIRCKET SPL COVER 5 EACH**

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



Department of Posts eMO Form

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

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. 200 (in figure) Rupees two hundred only (in words)

through eMO to the following payee:

Name Senior Postmaster
Address 1 Philatelic Bureau
Address 2 Tapkara
Address 3 _____
District _____
State _____
PIN Code 496227

Give the relevant option for Message Code: **PICTORIAL CANC ON YELLOW AND PICTURE POSTCARD**

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