

Department of Posts eMO Form

(Name of Booking Pos	Dated (dd / mm / yyyy)
(Maine of Beeking) os	
Remitter Address	l intend to pay Rs(in
Name Rakhel Dash	figure)(in words)
Address 1 Shikshyashree Lane	
Address 2 Atharanala, Kumbharapada	through eMO to the following payee:
Address 3	Name Senior Postmaster
District Puri	Address 1 Philatelic Bureau
State Odisha	Address 2 <u>Tiruchirappalli</u>
PIN Code 752002	Address 3
Ph - 7008950970	District
,	State
	PIN Code 620 001
	* -
Give the relevant option for Message Code: \$	SPECIAL COVER
Manage Code	
Message Code	•
	(Name and signature of Remitter)
FOR	OFFICE USE ONLY
FUR	OFFICE USE ONLY
Amount of Remittance	
Commission	(Space for pasting eMO receipt)
	(Opace to: pacing outer to step)
Total	
•	
Signature of MO PA	Authorized for remittance
	Oblong Stamp
	871



Department of Posts eMO Form

	Dated (dd / mm / yyyy)
(Name of Booking Post Of	ffice)
Remitter Address	I intend to pay Rs(in
Name Rakhel Dash	figure)Rupees two hundred only (in words)
Address 1 Shikshyashree Lane	through eMO to the following payee:
Address 2 Atharanala, Kumbharapada	Name Senior Postmaster
Address 3	Address 1 Philatelic Bureau
District Puri	Address 2 Silchar HO
State Odisha	Address 3
PIN Code <u>752002</u>	District
Ph - 7008950970	State
	PIN Code 788001
	Till Code
Message Code	(Name and signature of Remitter)
50D.05	
FOROF	FICE USE ONLY
Amount of Remittance	
Commission	(Space for pasting eMO receipt)
Total	
Signature of MO PA	Authorized for remittance Oblong Stamp
*	