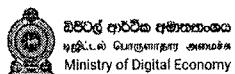


GovPay – Government Digital Payment Platform

GOVERNMENT ORGANIATION REGISTRATION FORM

LCPL FORM NO. 80-E
v.2.0**1. Organization Details**

Organization Name	Divisional Secretariat Porativupattu		
Organization Address	MAIN STREET, VELLAVELY, BATTICALOA		
Organization Telephone Number	0652056114		
Organization E-mail Address	acctdsppv@gmail.com		
Primary Contact	Name	T.AMBIGAPATHY	
	Contact Number	0773068517	
	Email Address	ambitheepa@gmail.com	

2. Service Details

Service Name	Reference Number Format to Identify the Payment	Bank Name	Account Number
Exam Fees	EXAM NAME	Peoples Bank	190100190000990

3. User Details

Name	Contact Number	Email Address	Designation	User ID (To be filled by LankaPay)
SATHIYA NIRANSHAN	0750327020	acctdsppv@gmail.com	DEVELOPMENT OFFICER	

4. Organization Approving Authority (Rubber Stamp required) - FCM36

Authorizing Officer's Name	T.AMBIGAPATHY									
Authorizing Officer's Designation	ACCOUNTANT T. AMBIGAPATHY ACCOUNTANT For Divisional Secretary Divisional Secretariat Porathivu Pattu, Vellavely									
Authorizing Officer's Signature	Date 22/02/2024									

3. To be Filled by LankaPay Operations Department

Institution Maintenance	
Institution ID Allocated	
Input by	Approved by

Service(s) Maintenance	
Input by	Approved by

User Maintenance	
Input by	Approved by