

CHALLAN
MTR Form Number-6

Payee Copy

Department			Date			Form ID		
Type of Payment			Payee Details					
Office Name			Dept ID (If Any)					
Location			PAN No (If Applicable)					
Year	Period :: From		To		Full Name			
Account Head Details			Code	Amount in Rs.	Flat/Block no,Premises/Bldg			
					Road/Street, Area/Locality			
					Town/City/District			
					PIN			
					REMARKS (If Any)			
Total					Amount In Words			
Payment Details			Cash / Cheque-DD			FOR USE IN RECEIVING BANK		
			Cheque-DD Details			Bank CIN No		
Cheque/DD No						Date		
Name of Bank						Bank-Branch		
Name of Branch						Scroll No		

Verified. Please Accept Payment

Signature and Designation of person verifying Payment with Stamp

Note: The Account Head and Code should be verified by the dept. / treasury wherever necessary.

Signature of Person Making Payment

CHALLAN
MTR Form Number-6

Department Copy

Department			Date			Form ID		
Type of Payment			Payee Details					
Office Name			Dept ID (If Any)					
Location			PAN No (If Applicable)					
Year	Period :: From		To		Full Name			
Account Head Details			Code	Amount in Rs.	Flat/Block no,Premises/Bldg			
					Road/Street, Area/Locality			
					Town/City/District			
					PIN			
					REMARKS (If Any)			
SCHEME_CODE					Amount In Words			
Total					Amount In Words			
Payment Details			Cash / Cheque-DD			FOR USE IN RECEIVING BANK		
			Cheque-DD Details			Bank CIN No		
Cheque/DD No						Date		
Name of Bank						Bank-Branch		
Name of Branch						Scroll No		

Verified. Please Accept Payment

Signature and Designation of person verifying Payment with Stamp

Note: The Account Head and Code should be verified by the dept. / treasury wherever necessary.

Signature of Person Making Payment

CHALLAN
MTR Form Number-6

Treasury Copy

Department			Date			Form ID		
Type of Payment			Payee Details					
Office Name			Dept ID (If Any)					
Location			PAN No (If Applicable)					
Year	Period :: From		To		Full Name			
SCHEME_CODE					Amount In Words			
Total					Amount In Words			
Payment Details			Cash / Cheque-DD			FOR USE IN RECEIVING BANK		
			Cheque-DD Details			Bank CIN No		
Cheque/DD No						Date		
Name of Bank						Bank-Branch		
Name of Branch						Scroll No		

Verified. Please Accept Payment

Signature and Designation of person verifying Payment with Stamp

Note: The Account Head and Code should be verified by the dept. / treasury wherever necessary.

Signature of Person Making Payment