

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						
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
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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						
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		

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Signature of Person Making Payment