### CHALLAN
#### MTR Form Number-6

**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.**
--- | --- | ---

<table>
<thead>
<tr>
<th>Flat/Block no, Premises/Bldg</th>
<th>Road/Street, Area/Locality</th>
<th>Town/City/District</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>PIN</td>
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</tbody>
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**Remarks (If Any)**

**Total**

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<tr>
<th><strong>Amount In Words</strong></th>
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**Payment Details** | **Cash / Cheque-DD**
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**Cheque-DD Details**

**Bank CIN No**

<table>
<thead>
<tr>
<th><strong>Cheque/DD No</strong></th>
<th><strong>Date</strong></th>
<th><strong>Name of Bank</strong></th>
<th><strong>Bank-Branch</strong></th>
<th><strong>Name of Branch</strong></th>
<th><strong>Scroll No</strong></th>
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**Verified. Please Accept Payment**

**Signature and Designation of person verifying Payment with Stamp**

**Signature of Person Making Payment**

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

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