

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

Signature of Person Making Payment