

**CHALLAN
TR Form F.C.2**

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
TR Form F.C.2**

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
TR Form F.C.2**

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 | |

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