

**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

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TR Form F.C.2**

Department Copy

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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	

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Signature of Person Making Payment

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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	

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