

**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					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**

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					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