

**CHALLAN NO**

**CHALLAN OF CASH PAID INTO THE**

**Treasury/ Sub- Treasury**

To be filled in by the remitter			To be filled in by the Departmental Officer or the Treasury		
By whom Tendered Name	Name or Designation & address of the person on whose behalf money is paid	Full particulars of the remittance & authority (if any)	Amount		Head of Account
			Rs.	P.	

( In words)

Signature:

Date :

Received Payment  
Treasurer

Date.....  
Accountant

Treasury Officer/Agent



Take 3 print out of this challan to submit the fee in treasury office

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