

AGENCY COPY

Challan for collection of Ad-hoc CAMPA fund

Date : 24-08-2020

Client Code.	CAM5060
Location.	HARAYANA
Remitter Name.	EXECUTIVE ENGINEER PUBLIC HEALTH
PIF/Application No.	5341052300
MoEF/SG File No.	9-HRB118-2019-CHA
Address.	Executive Engineer Public Health, Division No. 1, Sirsa
Remitter Contact No. Email-Id. Mobile No. Landline No.	phosirsa2017@gmail.com 9728966569 1666-221750
Amount(in Rs)	6362307/- <i>u</i>
Beneficiary Branch and Code.	Corp Bank Lodhi complex (0371)

Amount in Words: Sixty-Three Lakh Sixty-Two Thousand Three  
Hundred and ~~Two~~ Rupees Only

*u one*  
 Depositor Signature: *[Signature]*  
 (Signature) *[Signature]* Bank Official  
 (Signature)

Bank's Transaction Number	Branch Stamp
---------------------------	--------------

- Branches should use CMS menu (PDS & CAPS) to process the transaction.
- Challan should only be accepted against INST/DD.
- Enter the Remitter Name in Additional Information 1
- Enter the Remitter Mobile number in Additional Information 2