

Government of Tamil Nadu

E-Challan

Payable at - DTO NAMAKKAL



Remitter Copy

Challan Number 20220629016273 . **Challan Date** 29-Jun-2022 **Payment Date**

Remitter Type Public **Remitter Code** 30 **Remitter Name** Shri Ramachandira Public School

Mobile No. 9443371161 **Aadhaar No.** **Remitter Address** Elachipalayam

Department 01904-Directorate of Public Health and Preventive Medicine **District** NAMAKKAL **DDO Code** 27010058

DDO / Office Name DEPUTY DIRECTOR OF HEALTH SERVICES, NAMAKKAL **Department Transaction ID** **Office Name**

Receipt Type	Sub Type	Acct Code	Amount	Reference No.	Remark
Fees	Application Fees / Examination Fees	021004800AD227 36	50	NA	NA

Payment Mode Offline **Payment Type** Cash **Payment Status** Pending

Challan Amount (Rs.) 50

Bank Name SBI

Amount (in words) Fifty Rupees only.

Bank ref no. CPABUMKCS7

M. Raghavendran
Remitter Signature

For Bank Use

Bank Branch Stamp and Signature of Cashier

Manager/Accountant

Please Note*, Department Transaction ID and Office Name fields are created only for 4 interface department Registration and Transport and CT for there specific requirements and the values entered in this fields are values passed by them not from IFHRMS.

