

Treasury Form-209(1)
Financial Handbook Vol. V, Part- II
Form No. 43A(1)
(See Paragraph 417 and 478)
Challan form for depositing amount**Name of the Treasury/Sub-Treasury/Bank/Bank Branch - State Bank Of India (Payment Gateway)**

Status : (S) Completed successfully.

1	Name of the person (designation if necessary or Organization on whose behalf amount is being paid.	HARI OM HOME STAY
2	Address	Mukteshwar District Nainital
3	Registration Number (if necessary)	
4	Full details of amount to be deposited (for which purpose and in favour of)	fire extinguisher refilling and testing fees
5	Gross value of Challan	30
6	Net value of Challan	30
7	Deaprtment	Director General Police
8	Related office for which challan is to be deposit	Senior Superintendent of Police Nainital
9	Full details of Head of Account	0070 - Other Administrative Services
10	13 Digit code of Head of A/c	As per details below

SL No.	Services	Detail Head	Amount
1	Fire Vsulia in relation to the services went by Brigade.	0070601090100	30
	Total Challan Amount-		30

Amount (in words) - Rs. Thirty only

Signature of departmental officer with seal

HARI OM HOME STAY

Challan No- 00701022E0006366

Amount in Figure(Rs.) - 30

Date - 05-OCT-2022

Amount in words - Rs. Thirty only

Received Through

Bank Ref. No. - CKV0007083

State Bank Of India (Payment Gateway)