

Department of Posts

ORDER FORM FOR VISHUKAINEETAM (Biller ID : 70176)

1. NAME OF THE RECEIVER *				
2. Postal address of the receiver *	House No.			
	Street No.			
	Locality:			
	Post Office:			
	District			
	PIN code :-			
	Mobile No.			
3(a) Amount of VISHUKAINEETAM *	Rs.101/-	Rs.201/-	Rs.501/-	Rs.1001/-
3 (b) Commission	Rs.19/-	Rs.29/-	Rs.39/-	Rs.49/-
3 (c) Total amount to be collected (Tick appropriate box)	<input type="checkbox"/> Rs 120/-	<input type="checkbox"/> Rs 230/-	<input type="checkbox"/> Rs 540/-	<input type="checkbox"/> Rs 1050/-
5.Name, address, Mobile No. and signature of the remitter				

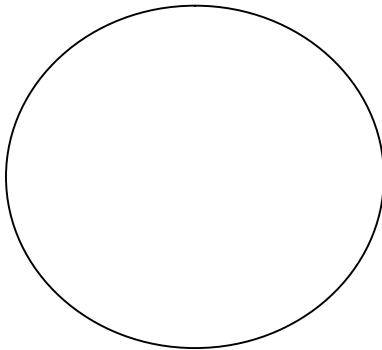
***Fields are mandatory**

Booking starts on 01-04-2024
Booking ends on 09-04-2024

(For office use only)

Biller Name : VISHUKAINEETAM

Date stamp



Paste one copy of MPCM receipt here

Signature of SPM.....
Name of PO

For any queries drop an email to :
APMG (BD&Mails), O/o CPMG Kerala Circle , Thiruvananthapuram-695033
abdc0.keralapost1@gmail.com