

ORDER FORM FOR SABARIMALA SWAMY PRASADAM

1. NAME OF THE ADDRESSEE *			
2. Postal address to which 'SWAMY PRASADAM' is to be dispatched *	House No.		
	Street No.		
	Locality:		
	Town:		
	City:		
	Pincode		
	Mobile No.		
3. Number of Prasadam packets (Please put ✓ mark)	1 Packet Aravana + Other Prasadam items (₹.450/-)	Packet with 4 Aravana + Other Prasadam items (₹.830/-)	Packet with 10 Aravana + Other Prasadam items (₹.1510)/-
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Quantity			
5. Name, Mobile No. & Signature of the remitter			

***Fields are mandatory**

For office use Only

Billor Name : SABARIMALA PRASADAM
Billor ID : 70020

No. of packets ordered :

Amount received :

E-payment receipt No. :

Date stamp

Signature of PA/SPM