

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		
3. Number of Prasadam packets (Please put ✓ mark)	Mobile No.		
	1 Packet Aravana + Other Prasadam items (₹.520/-)	Packet with 4 Aravana + Other Prasadam items (₹.960/-)	Packet with 10 Aravana + Other Prasadam items (₹.1760/-)
	<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