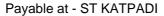
## Government of Tamil Nadu

## E-Challan





**Challan Number** 20231208025814 **Challan Date** 08-Dec-2023 **Payment Date** 

**Remitter Type** DDO Remitter Code 23050023 **Remitter Name** HM GGHSS KATPADI

Mobile No. Aadhaar No. Remitter Address KATPADI 9486171980

**Department** 06601-PUBLIC District VELLORE **DDO Code** 23050023

**Department** DDO / Office Name HM GGHSS Office Name

KATPADI **Transaction ID** 

**ACCOUNTS** 

Receipt Type	Sub Type	Acct Code	Amount	Reference No.	Remark
OTHERS	OTHERS	844300800FK801 02	1058	DEAF ACCOUNT	KATPADI GIRLS

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

Challan Amount (Rs.) **Bank Name** Indian Bank - V

COLLECT

Bank ref no. Amount (in words) One Thousand Fifty Eight Rupees only. IFHRMS20231208025814

**Remitter Signature** 

For Bank Use

**Bank Branch Stamp and Signature of Cashier** 

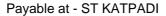
Manager/Accountant

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.



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