FORM TR-6 FOR PAYMENT OF SERVICE TAX (CHALLAN)

(Original)

TR	- 1-6/GAR 7 Cl	hallan No 92/Receipt & Pa		26)					
	Challan of amount paid into The (code			e No.)	Accounting Collectorate (Code No.)				
	Name of the Bank/Branch wi			Divis $\frac{\text{Divis}}{\text{No.}}$			(Code		
		Code No.			Range No.)		(Code		
		Name of the Focal Point Bank(Code No.)							
	Name and address of the assessee								
		(Code No) B			whom tendered				
	Full Particu remittance authority		Head of accounts & Major Head (indicate against the appropriate Minor Head)	Account Code No		By Cash Rs. Ps.	By Cheque Draft / Pay Order etc. Rs. Ps.	Counter Signature of the Departmental Officer (where required)	
	Total								
	(in words) Rs)							
	Date			Signature of the tenderer					
			(To be fille	ed by the l	Banl	k)			
	Received payment (in word) Stamp Rupee Bank's Receipt Stamp:			Space for Focal Point Bank indicating the date, amount credited to Government Account.					
				Signature of the Authorised Officer of the Bank					
Na	me of the Ba	ank							

(Please ensure that you have filled-in the correct details without which the department will not be responsible for proper adjustment of amount paid by you.)						