## CHALAN FORM NUMBER MTR -6 (See Rule 17, 18, 45 and 45A) ACCOUNT HEAD

CDM				ACCOU	NI HEA		T
GRN				Form-ID			
Department		Department of Sales Tax			Date:-		
Type of Payment	VAT ACT, 2002					Payee Details	
Location					Dept. ID		
					Dealers TIN		
Per				•			
FROM		то			ame of		
				the I	Dealer		
Account He	ad	Cod		Amor	ınt in R	) e	Remarks if any:-
Details				unt in Rs,		Remarks if any.	
Amount of Tax	1					1	
Amount of TDS		2					
Interest Amount		3					
Penalty Amount		4					
Composition Money		5					1
Fine		6					
Fees		7					]
Advance Payment		8					
Amount Forfeited		9					
Deposit		10					Amount in Words:-
Total							
Payment Details							For use in Receiving Bank
Name of Bank					Bank CIN		
Maille UI Dalik					No.		
Name of Branch				Ţ	Date		
					Time		
Dianon					Scroll 1	No.	
					Signature of Person who has made payment		