

FORM – I
[See rule 5 (2) (b)]

Form of cash deposit

Challan No. _____/20_____

Dated Kamalanagar, the ____/20_____

Sl. No.	Particulars	Amount	Remarks
			<p>Received by me</p> <p>Signature of recipient Name : _____</p> <p>Designation : _____</p> <p>Deposited by</p> <p>Signature : Name : _____</p> <p>Designation : _____</p>

Total Rs. _____

(Rupees _____) only

Countersigned

Executive Secretary,
Chakma Autonomous District Council,
Kamalanagar : Mizoram.

Chakma District Public Information Officer,
Chakma Autonomous District Council,
Kamalanagar : Mizoram.

Telephone No. _____
e-mail _____
web site _____

Telephone no. _____
e-mail : _____
web site _____