

Challan No. C
(To be printed)

OFFICE OF THE

AGRICULTURAL PRODUCE MARKET COMMITTEE, AZADPUR

(MARKET OF NATIONAL IMPORTANCE)

New Office Complex, NFM Phase-II, Azadpur, Sarai Pipal Thala, DELHI-110033

Challan for Payment of Market Fee

(To be sent to APMC azadpur in ADC Branch by Commission Agent)
Alongwith the Return of Sales and Market

Name of the Firm :

Shop No. (in NSM, Azadpur).....Licence No.....

Address (if the commission Agent

Operates from Kela Siding).....

Amount in Rs. (In Figures).....

(in words).....

Cash or Cheque (if cheque) indicate

No.....to be drawn

on.....

Period of deposit From.....to.....

Dated..... Signature of the depositor

Received Rs.....in cash or through cheque for credit in the
account of **APMC AZADPUR**

Signature of Banker's Official

Challan No. D
(To be printed)

OFFICE OF THE

AGRICULTURAL PRODUCE MARKET COMMITTEE, AZADPUR

(MARKET OF NATIONAL IMPORTANCE)

New Office Complex, NFM Phase-II, Azadpur, Sarai Pipal Thala, DELHI-110033

Challan for Payment of Market Fee

(To be sent to APMC by Bank alongwith the Daily Receipt Scroll)

Name of the Firm :

Shop No. (in NSM, Azadpur).....Licence No.....

Address (if the commission Agent

Operates from Kela Siding).....

Amount in Rs. (In Figures).....

(in words).....

Cash or Cheque (if cheque) indicate

No.....to be drawn

on.....

Period of deposit From.....to.....

Dated..... Signature of the depositor

Received Rs.....in cash or through cheque for credit in the
account of **APMC AZADPUR**

Signature of Banker's Official

Challan No. A
(To be printed)

OFFICE OF THE

AGRICULTURAL PRODUCE MARKET COMMITTEE, AZADPUR

(MARKET OF NATIONAL IMPORTANCE)

New Office Complex, NFM Phase-II, Azadpur, Sarai Pipal Thala, DELHI-110033

Challan for Payment of Market Fee

(To be Retained by the Bank)

Name of the Firm :

Shop No. (in NSM, Azadpur).....Licence No.....

Address (if the commission Agent

Operates from Kela Siding).....

Amount in Rs. (In Figures).....

(in words).....

Cash or Cheque (if cheque) indicate

No.....to be drawn

on.....

Period of deposit From.....to.....

Dated..... Signature of the depositor

Received Rs.....in cash or through cheque for credit in the
account of **APMC AZADPUR**

Signature of Banker's Official

Challan No. B
(To be printed)

OFFICE OF THE

AGRICULTURAL PRODUCE MARKET COMMITTEE, AZADPUR

(MARKET OF NATIONAL IMPORTANCE)

New Office Complex, NFM Phase-II, Azadpur, Sarai Pipal Thala, DELHI-110033

Challan for Payment of Market Fee

(To be sent to APMC by Bank alongwith the Daily Receipt Scroll)

Name of the Firm :

Shop No. (in NSM, Azadpur).....Licence No.....

Address (if the commission Agent

Operates from Kela Siding).....

Amount in Rs. (In Figures).....

(in words).....

Cash or Cheque (if cheque) indicate

No.....to be drawn

on.....

Period of deposit From.....to.....

Dated..... Signature of the depositor

Received Rs.....in cash or through cheque for credit in the
account of **APMC AZADPUR**

Signature of Banker's Official