



Booking Form

Annexure-A

Department of Posts
eMO Form

Dated (dd/mm/yyyy)

(Name of Booking Post Office.....)

Remitter Address

Name _____
Address 1 _____
Address 2 _____
Address 3 _____
District _____
State _____
PIN Code _____

I intend to pay Rs.....(in figure).....(in words) through eMO to the following payee;

Name _____
Address 1 _____
Address 2 _____
Address 3 _____
District _____
State _____
PIN Code _____

Give the relevant option for Message Code:

Message Code

(Name and signature of Remitter)

FOR OFFICE USE ONLY

Amount of Remittance (Space for pasting eMO receipt)
Commission
Total

Signature of MO PA remittance

Authorized for

Oblong Stamp

(Signature)

CPM/SPM/DPM/APM/SPM



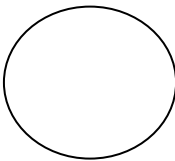
DEPARTMENT OF POSTS
(e-MO Payment Form)

Message:

-----Postman to detach here-----

Remitter's Name And Address

Payee's Name And Address



Postmaster*

Signature of MO Assistant*

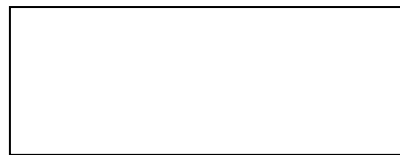
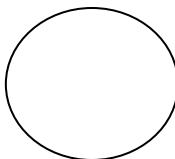
Signature of

*(Authentication of eMO form(payment))

[MO Date Stamp]

Received
words).....
.....On.....

rupees.....(in



Signature of Payee

Signature of
witness/identifier

[Round MO stamp]

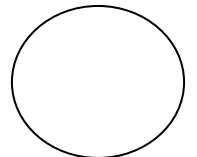
[Oblong Stamp]

Signature of paying

official

-----eMO Acknowledgement-----

Remitter's Address



[Date stamp]

Received

Rs..... (words)
.....On.....

Signature of payee