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

GRN	RN			Form-ID		
Department		Department of Sales Tax		Date:-		
Type of Payment M		IVAT ACT, 2002				Payee Details
Location				Dept. ID		
				Dealers TIN		
]	Period	l				
FROM		ТО		ame of		
			— the D	ealer		
						Demersife if every
Account Head		Code	Amount in Rs,		ts,	Remarks if any:-
Details						4
Amount of Tax		1				4
Amount of TDS		2 3				4
Interest Amount		4				-
Penalty Amount		5				-
Composition Money Fine		6				-
File		7				4
Advance Payment		8				-
Amount Forfeited		9				4
Deposit		10				Amount in Words:-
Total						1
Payment Details						For use in Receiving Bank
Name of Bank				Bank CIN		
				No.		
				Date		
Name of			F	Time		
Branch				Scroll	No.	
				Signature of Person who has made payment		