

**RR-6 TREASURY CHALLAN Rule-92**

Invoice of Cash Paid into the State Bank of Pakistan National Bank of Pakistan Treasury

AT \_\_\_\_\_ ON \_\_\_\_\_ 200\_\_

By whom Tendered \_\_\_\_\_ M/s \_\_\_\_\_

Name and full address of the Payer \_\_\_\_\_

Name of designation and address of the person on whose behalf money is paid  
Executive District Office (Health) Karachi.

|   |                           |                               |
|---|---------------------------|-------------------------------|
| Full particulars of the remittance and the authority if any   | FEE FOR DRUG SALE LICENCE |                               |
|   | AMOUNT                    |                               |
| Total:  |                           |                               |
|   |                           |                               |
| Head of Account   | Account No. 1 (Non Food)  | C-02871-Health Other Receipts |
| Correct, receive and grant receipt, Signature and full designation of the officer ordering the money to be paid in. | For Bank Use              |                               |
| Amount (in words) Rupees _____  | Signature _____           |                               |

TO BE FILLED BY THE REMITTER

To be Filled in by the department of the treasury

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