

ORDER FORM FOR SABARIMALA SWAMY PRASADAM

| | | | | | | | | | | | |
|--|---|------------|---|---|---|---|---|---|---|---|----|
| 1. NAME OF THE ADDRESSEE * | : | | | | | | | | | | |
| 2. Postal address to which 'SWAMY PRSADAM' is to be dispatched * | | House No. | | | | | | | | | |
| | | Street No. | | | | | | | | | |
| | | Locality: | | | | | | | | | |
| | | Town: | | | | | | | | | |
| | | City: | | | | | | | | | |
| | | Pincode | | | | | | | | | |
| | | Mobile No. | | | | | | | | | |
| 3. NUMBER OF PRASADAM PACKETS (Pl put √ mark) | : | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 4. Name, Mobile No. and signature of the remitter | | | | | | | | | | | |

***Fields are mandatory**

(for office use Only)

Billor Name : SABARIMALA PRASADAM

Customer ID : 70020

No. of packets ordered :

Amount received :

E-payment receipt No. :

Date stamp

Signature of PA/SPM