

## ORDER FORM FOR SRI TALACAUVERY PRASADA

1.NAME OF THE ADDRESSEE *	:	
2. Postal address to which “Sri Talacauvery Prasada” is to be dispatched *	:	House No:
		Street No:
		Locality:
		Town:
		City:
		PIN code:
		Mobile No:
3.Quantity	:	
4. Name, Mobile Number and Signature of the remitter	:	

\*Fields are mandatory

(for Office use Only)

Biller Name: SRI TALACAUVERY PRASADA

Customer ID: 70233

No. of Packets ordered:

Amount Received:

e-Payment receipt No:

Date Stamp

Signature of PA/Postmaster