

ORDER FORM FOR PALANI DHANDAYUTHAPANI SWAMY PRASADAM

1.	Name of the Addressee *		
2.	Postal address to which 'PALANI PRASADAM' is to be dispatched *	Door No.	
		Street:	
		Locality:	
		Town:	
		City:	
		State:	
		Pincode	
	Mobile No. *		
3.	No. of Prasadam Packets *		
4.	Amount remitted in Rs.*		
5.	Signature of the remitter with address		

***Fields are mandatory**

(for office use Only)

Billor Name : PALANI

PRASADAM Biller ID : 70063

6.	No. of packets booked		
7.	Amount received in Rs.		
8.	E-payment receipt No.		

Date stamp

Signature of PA/SPM