

ORDER FORM FOR SABARIMALA SWAMY PRASADAM

1. NAME OF THE ADDRESSEE *	:			
2. Postal address to which 'SWAMY PRASADAM' is to be dispatched *		House No.		
		Street No.		
		Locality:		
		Town:		
		City:		
		Pincode		
		Mobile No.		
3. NUMBER OF PRASADAM PACKETS (Pl put ✓ mark)	:	1 Packet Aravana+ Other Prasadam items (Rs.520/-)	Packet with 4 Aravana+ Other Prasadam items (Rs.960/-)	Packet with 10 Aravana+ Other Prasadam items (Rs.1760/-)
4. Quantity				
5. 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

