

SURCHARGE PAYMENT CHALLAN

Challan No.	_____	Date	____/____/____
Name of Depositor	_____		
Address	_____		
PAN/Registration No.	_____	Contact No.	_____
Period of Payment	_____		
Department/Office	_____		

Payment Details

Particulars	Amount (INR)
Principal Surcharge Amount	_____
Interest (if any)	_____
Penalty (if any)	_____
Total Amount	_____

Mode of Payment

<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque/DD No.: _____	Date: _____	Bank: _____	<input type="checkbox"/>
Online/NEFT/RTGS Ref. No.: _____				

Depositor's Declaration

I certify that the above particulars are true and correct to the best of my knowledge.

Signature of Depositor: _____

Date: ____/____/____

For Office Use Only

Amount Received (Rs.):	_____
Receiving Officer's Signature:	_____
Date:	____/____/____
Official Stamp	

Important Notes

- This challan should be filled accurately and legibly in capital letters.
- Attach supporting documents and payment proofs, if required.
- Maintain a photocopy of the filled challan for your reference.
- Payment once made is non-refundable.
- Ensure that the correct amount and particulars are entered to avoid rejection.