

FD 10 (MOG 3)/2830/2011

CAF No. 7

(See Rule 15)

38427

Corporation of Cochin

DUPLICATE

REVENUE DEPARTMENT
PROFESSION TAX - OFFICIAL RECEIPT

Date: 21/1/14

Name and address of Payee: *Pammy Travels*

Asst. No.	Door No.	Period		Amount		Head of A/C.
		Year	Half Year	Rs.	Ps.	
		11-12	<i>Trnd</i>	1250	-	A1(a)2
		12-13	<i>I & II</i>	2500	-	
		13-14	<i>I & II</i>	2500	-	
			<i>PT</i>	650	-	
			<i>Total</i>	6900	-	

Received the Sum of Rs. (in Words) *6900/-*

NOTE:

Every receipt issued should bear the Corporation Seal and the Facsimile Signature of the Secretary or his delegate.

BC/R/1.

Secretary



31/3/14

more hundred only

[Signature]