

Department of Posts
iMO Make Payment Form
 _____ **Post Office**

(To Receive Money)

Receiver

iMO Number : _____
 Name : _____
 Middle Name : _____
 Last Name : _____
 Address : _____
 City : _____
 State : _____
 Pin Code : _____
 Phone No. : _____

Sender

Name : _____
 Middle Name : _____
 Last Name : _____
 Address : _____
 City : _____
 State : _____
 Pin Code : _____
 Phone No. : _____
 Amount in rupees : _____

Proof of Identification (Photocopy to be attached)

Identification Card No : _____
 Date of Expiry : _____
 Issuing Authority : _____

Please indicate mode of payment: Cash / Cheque/deposit in POSB a/c No. _____

*** Mode of payment to payee:**

To be paid in cash to addressee (below Rs. 19,999/-).

To be paid by cheque/deposit in SB a/c No. _____ of addressee in the same Post Office.

Signature of payee with Date

For Office Use Only**Verified Document (Passed for Payment):**

iMO All India Voucher No. : _____
 Amount passed for payment in Rs : _____ **in Cash/Cheque No.** **dated:**
/for deposit in POSB A/c No. _____
 Date of Payment : _____

Counter Clerk**Ch./Sr./PM/DPM/ PM/SPM****Receipt / Acknowledgement**

- (i) Received payment of Rs. _____ (in Figures) and Rs. _____ (in words) through cash / Cheque No. _____ dated _____ /deposit in POSB A/c No. _____ of _____ Post Office
- (ii) Received Standardized Message

Signature of payee with Date

Signature of Counter Clerk/APM with Date