



Annexure-A

Department of Posts
eMO Form

Dated (dd/mm/yyyy)

(Name of Booking Post Office.....)

Remitter Address

Name

Address 1

Address 2

Address 3

District

State

PIN Code

I intend to pay Rs.....(in
figure).....(in words)
through eMO to the following payee;

Name

Address 1

Address 2

Address 3

District

State

PIN Code

Give the relevant option for Message Code:

Message Code ☐☐

(Name and signature of Remitter)

FOR OFFICE USE ONLY

Amount of Remittance
receipt)

Commission

Total

..... (Space for pasting eMO

.....

Signature of MO PA
remittance

Authorized for

Oblong Stamp

(Signature)
CPM/SPM/DPM/APM/SPM