BANK COPY

TR-6	CENTRAL CHALLAN FORM		
Treasury / Sub Treasury Cash Paid into the			
National Bank of Pakistan / State Bank of Pakistan			
Bank Name:		Date:	
Branch Name:		Branch Code:	
A/C Title:	National Seed Development & Regulatory Authority		
Bank A/C No.	IBAN-PK15NBPA5006003513548705		
Variety Registration			
Enlisting			
Nursery Registration			
Nursery Renewal			
Others			
Crop Variety		No.of Variety	Amount
Maize			
Cotton			
Rice			
Wheat			
Canola			
Mustered Oil			
Sunflower			
Sorghum			
Mustered Oil			
Potato			
Miscellaneous Fee			
Total Amount Deposited:			
Amount in Words:			
Deposited by	Name:		
	Contact No.		
Received By: Cashier Signature /Stamp			
Note: Please Tick the Relevant Box/Boxes which amount is being deposited			

CUSTOMER COPY

TR-6	CENTRAL CHALLAN FORM		
Treasury / Sub Treasury Cash Paid into the			
National Bank of Pakistan / State Bank of Pakistan			
Bank Name:		Date:	
Branch Name:		Branch Code:	
A/C Title:	National Seed Development & Regulatory Authority		
Bank A/C No.	IBAN-PK15NBPA5006003513548705		
Variety Registration			
Enlisting			
Nursery Registration			
Nursery Renewal			
Others			
Crop Variety		No.of Variety	Amount
Maize			
Cotton			
Rice			
Wheat			
Canola			
Mustered Oil			
Sunflower			
Sorghum			
Mustered Oil			
Potato			
Miscellaneous Fee			
Total Amount Deposited:			
Amount in Words:			
Deposited by	Name:		
	Contact No.		
Received By: Cashier Signature /Stamp			
Note: Please Tick the Relevant Box/Boxes which amount is being deposited			

AUTHORITY COPY

TR-6	CENTRAL CHALLAN FORM		
Treasury / Sub Treasury Cash Paid into the			
National Bank of Pakistan / State Bank of Pakistan			
Bank Name:		Date:	
Branch Name:		Branch Code:	
A/C Title:	National Seed Development & Regulatory Authority		
Bank A/C No.	IBAN-PK15NBPA5006003513548705		
Variety Registration			
Enlisting			
Nursery Registration			
Nursery Renewal			
Others			
Crop Variety		No.of Variety	Amount
Maize			
Cotton			
Rice			
Wheat			
Canola			
Mustered Oil			
Sunflower			
Sorghum			
Mustered Oil			
Potato			
Miscellaneous Fee			
Total Amount Deposited:			
Amount in Words:			
Deposited by	Name:		
	Contact No.		
Received By: Cashier Signature /Stamp			
Note: Please Tick the Relevant Box/Boxes which amount is being deposited			