



FORM M.P.T.C 52-A
[See Subsidiary Rule 164(1), 302 (2) and 457]

To,

THE TREASURY OFFICER.....
STATE BANK OF INDIA
INDORE

Please pay bill No.....dated the for
Rs..... (In words.....) to
.....of the office of the.....whose
attested specimen signature is given below:-

Attested specimen signature

Dated the

Signature of the
Drawing Officer/Endorsee

Received payment

Dated.....

.....
(Signature of the person receiving payment)