

ORDER FORM FOR PITHRU POOJA OF THIRUNELLI TEMPLE

1. NAME OF THE DEVOTEE *	
2. Postal address to which 'PRASADAM' is to be dispatched *	House Name:
	Street No:
	Locality:
	Town:
	City:
	Pincode :
	Mobile No.
3. Name of departed Soul	
4. Death star of departed Soul	
5. Amount	
6. Name, Mobile no. & Signature of the remitter	

*Fields are mandatory

(for office use Only)

Biller Name : THIRUNELLI TEMPLE

Biller ID : 70186

Amount:Rs.250/-

E-payment receipt No. :

Date stamp

Signature of PA/SPM

For more details contact:

e-mail id of Divisional office: spthalassery.keralapost@gmail.com

e-mail id of Regional office: adtechnr.keralapost@gmail.com