



CHALLAN
MTR Form Number-6



GRN	MH004716040202425U	BARCODE			Date	04/07/2024-13:44:47		Form ID	
Department			Maharashtra Administrative Tribunal		Payer Details				
Type of Payment			Original Application Fees Cash Receipt of Record Room in Office which are ch		TAX ID / TAN (If Any)				
					PAN No.(If Applicable)				
Office Name			INCHARGE REGISTRAR MAT AURANGABAD		Full Name		Avinash S. Deshmukh		
Location			CHHATRAPATI SAMBHAJINAGAR						
Year			2024-2025 One Time		Flat/Block No.		24 Tirumala, Pushpanagari		
Account Head Details			Amount In Rs.		Premises/Building				
0070033201 Miscellaneous Receipts			60.00		Road/Street		CBS Road		
					Area/Locality		Chh. Sambhajinagar		
					Town/City/District				
					PIN		431001		
					Remarks (If Any)				
					Kamlakar D. Rajhans Vs The Dy. I G P Nashik and ors				
Total			60.00		Amount In		Sixty Rupees Only		
					Words				
Payment Details			STATE BANK OF INDIA		FOR USE IN RECEIVING BANK				
Cheque-DD Details					Bank CIN		Ref. No.		00040572024070490040
Cheque/DD No.					Bank Date		RBI Date		04/07/2024-13:24:46
Name of Bank					Bank-Branch		STATE BANK OF INDIA		
Name of Branch					Scroll No. , Date		Not Verified with Scroll		

Department ID :

Mobile No. : 9822043822