

CHALLAN MTR Form Number-6



			Date	e 05/08/2024-22::	36:55 F	orm ID				
Department Maharashtra Administrative Tribunal		Payer Details								
Original Application Fees Type of Payment Cash Receipt of Record Room in Office which are ch		TAX ID / TAN (If Any)								
		PAN No.(If Applicable)								
Office Name INCHARGE REGISTRAR MAT MUMBAI		Full Name		Dayanand Nandkishor Kambli and others						
Location MUMBAI										
Year 2024-2025 One Time		Flat/Block No.		At post Akhandwatwadi						
Account Head Details Amount In Rs.		Premises/Building								
0070033201 Miscellaneous Receipts 590.00		Road/Street		Tq Kudal						
		Area/Locality		Sindhdurg						
		Town/City/I	District							
		PIN								
		Remarks (If Any)								
		Amount In	Five Hun	lundred Ninety Rupees Only						
	590.00	Words								
Payment Details STATE BANK OF INDIA			FOR USE IN RECEIVING BANK							
Cheque-DD Details		Bank CIN	Ref. No.	0004057202408	2024080589956 CPAEBWMUY4					
		Bank Date	RBI Date	05/08/2024-22:2	4:38	Not Ve	erified v	vith F	RBI	
		Bank-Branch		STATE BANK OF INDIA						
		Scroll No. , Date		Not Verified with Scroll						
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Department ID :

Mobile No. : 9422203571