



CHALLAN
MTR Form Number-6



GRN	MH006366643202425P	BARCODE			Date	06/08/2024-13:54:20		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 MUMBAI					Full Name		AMOL B CHALAK				
Location					MUMBAI											
Year					2024-2025 One Time					Flat/Block No.						
Account Head Details					Amount In Rs.					Premises/Building						
0070033201					Miscellaneous Receipts					60.00		Road/Street				
										Area/Locality						
										Town/City/District						
										PIN						
										Remarks (If Any)						
										BHAGYASHREE CHANDRSHEKHAR REVATKAR VS THE STATE OF						
										MAHA AND OTHERS						
										Amount In		Sixty Rupees Only				
Total					60.00					Words						
Payment Details					SBIEPAY PAYMENT GATEWAY					FOR USE IN RECEIVING BANK						
Cheque-DD Details					Bank CIN		Ref. No.		10000502024080604100		0888753892015					
Cheque/DD No.					Bank Date		RBI Date		06/08/2024-13:54:29		Not Verified with RBI					
Name of Bank					Bank-Branch		SBIEPAY PAYMENT GATEWAY									
Name of Branch					Scroll No. , Date		Not Verified with Scroll									

Department ID :

Mobile No. : 9834270136