



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.	1000502024080604100		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