

CHALLAN MTR Form Number-6



GRN MH	07296615202425U	BARCODE		III Date	26/08/2024-16:0	6:20 F	Form ID					
Department Maharashtra Administrative Tribunal					Payer Details							
Original Application Fees Type of Payment Cash Receipt of Record Room in Office which are ch					N (If Any)							
					pplicable)							
Office Name	Full Name ADV DHANANJAY S PATIL											
Location MUMBAI												
Year 2024-2025 One Time				Flat/Block N	No.							
Account Head Details Amount In Rs.				Premises/B	uilding							
0070033201 Miscellaneous Receipts 110.0			Road/Stree	t								
				Area/Locali	ty							
				Town/City/[District							
				PIN								
				Remarks (If Any)								
	KARANDE VIKRAM RAMCHANDRA AND ANOTHER VS THE STATE OF											
	MAHARASHTRA AND OTHERS											
					34							
				Amount In	Amount In One Hundred Ten Rupees Only							
Total			110.00	Words								
Payment Details STATE BANK OF INDIA					FOR USE IN RECEIVING BANK							
Cheque-DD Details				Bank CIN	Ref. No.	00040572024082636168 CPAEDMJWF2						
Cheque/DD N	0.			Bank Date	RBI Date	26/08/2024-16:24	1:07	No	ot Verif	ied with	RBI	
Name of Bank				Bank-Branch STATE BANK OF INDIA								
Name of Bran	Name of Branch			Scroll No. , I	Date	Not Verified with Scroll						

Department ID: 9307124173

Print Date 26-08-2024 04:07:09