



CHALLAN  
MTR Form Number-6



GRN	MH007296615202425U	BARCODE			Date	26/08/2024-16:06:20		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		ADV DHANANJAY S PATIL					
Location					MUMBAI													
Year					2024-2025 One Time						Flat/Block No.							
Account Head Details					Amount In Rs.						Premises/Building							
0070033201					Miscellaneous Receipts						110.00		Road/Street					
											Area/Locality							
											Town/City/District							
											PIN							
											Remarks (If Any)							
											KARANDE VIKRAM RAMCHANDRA AND ANOTHER VS THE STATE OF							
											MAHARASHTRA AND OTHERS							
											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 No.					Bank Date		RBI Date		26/08/2024-16:24:07		Not Verified with RBI							
Name of Bank					Bank-Branch		STATE BANK OF INDIA											
Name of Branch					Scroll No. , Date		Not Verified with Scroll											

Department ID :

Mobile No. : 9307124173