



CHALLAN
MTR Form Number-6



GRN	MH007497760202425U	BARCODE			Date	29/08/2024-16:26:51		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 Prashant M Nagargoje											
Location				MUMBAI																			
Year				2024-2025 One Time						Flat/Block No.		Ravindranagar Housing Society											
Account Head Details				Amount In Rs.		Premises/Building																	
0070033201				Miscellaneous Receipts		60.00		Road/Street															
								Area/Locality		Chh. Sambhajanagar													
								Town/City/District															
								PIN				4		3		1		0		0		1	
								Remarks (If Any)															
								Atul S/o Suresh Adurkar Vs The State of Maharashtra and others															
								Amount In		Sixty Rupees Only													
Total				60.00		Words																	
Payment Details				STATE BANK OF INDIA						FOR USE IN RECEIVING BANK													
Cheque-DD Details				Bank CIN		Ref. No.		00040572024082997105				CPAEDUEWN1											
Cheque/DD No.				Bank Date		RBI Date		29/08/2024-16:24:28				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. : 9326333302