



CHALLAN
MTR Form Number-6



GRN	MH007651348202425U	BARCODE			Date	01/09/2024-18:05:22		Form ID															
Department				Maharashtra Administrative Tribunal						Payer Details													
Type of Payment				Other Receipts						TAX ID / TAN (If Any)													
										PAN No.(If Applicable)													
Office Name				INCHARGE REGISTRAR MAT MUMBAI						Full Name		Sarang Shivaji Chavan and others Vs Rashmi Shukla and others											
Location				MUMBAI																			
Year				2024-2025 One Time						Flat/Block No.		Plot No. 24 Ravindranagar Housing Society											
Account Head Details				Amount In Rs.		Premises/Building																	
0070077101 Other Receipts				10.00		Road/Street		Near Satarkar Hospital															
						Area/Locality		Chh. Sambhajinagar															
						Town/City/District																	
						PIN				4		3		1		0		0		1			
						Remarks (If Any)																	
						Adv. Prashant M. Nagargoje																	
						Amount In		Ten Rupees Only															
Total				10.00		Words																	
Payment Details				STATE BANK OF INDIA						FOR USE IN RECEIVING BANK													
Cheque-DD Details				Bank CIN		Ref. No.		00040572024090135731				CPAEEAWJU6											
Cheque/DD No.				Bank Date		RBI Date		01/09/2024-18:24:06				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