



CHALLAN  
MTR Form Number-6



GRN	MH008179047202425U	BARCODE			Date	12/09/2024-16:44:45		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.		Plot No. 24											
Account Head Details				Amount In Rs.		Premises/Building																	
0070033201 Miscellaneous Receipts				60.00		Road/Street				Ravindranagar Housing Society													
						Area/Locality				Ch. Sambhajinagar													
						Town/City/District																	
						PIN						4		3		1		0		0		1	
						Remarks (If Any)																	
						Sarjerao S/o Shankar Patil 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.		00040572024091285422				CPAEFGSBH3											
Cheque/DD No.				Bank Date		RBI Date		12/09/2024-16:24:45				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