



CHALLAN
MTR Form Number-6



GRN	MH008638208202425U	BARCODE			Date	23/09/2024-14:49:17		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.		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)																	
						Nandkumar S/o Ramrao Kenche 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.		00040572024092392946				CPAEGJNDY7											
Cheque/DD No.				Bank Date		RBI Date		23/09/2024-14:24:50				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