

## CHALLAN MTR Form Number-6



GRN MH009707920202425U BARCODE				IIII D	ate 14/10/2024-08:	18:32 <b>I</b>	Form ID		
Department Maharashtra Administrative Tribunal				Payer Details					
Original Application Fees  Type of Payment Cash Receipt of Record Room in Office which are ch				TAX ID / TA	N (If Any	y)			
Type of Payment Cash Receipt of Record Room in Onice which are ch					Applicable	e)			
Office Name INCHARGE REGISTRAR MAT MUMBAI				Full Name Balavant Venkat Deshmukh and others Vs			ukh and others Vs The		
Location MUMBAI						State of Maharasl	State of Maharashtra and others		
Year 2024-2025 One Time				Flat/Block No.					
Account Head Details Amount In Rs.			Premises/Building						
0070033201 Miscellaneous Receipts 210.00			Road/Stree	t					
				Area/Locality					
				Town/City/I	District				
				PIN					
				Remarks (If Any)					
				Adv Prashant M Nagargoje					
				Amount In	Two H	Hundred Ten Rupees Only			
Total			210.00	Words					
Payment Details STATE BANK OF INDIA				FOR USE IN RECEIVING BANK					
Cheque-DD Details				Bank CIN	Ref. No.	. 0004057202410	143948	2 CPAEIRBEI8	
Cheque/DD No	D.			Bank Date	RBI Date	e 14/10/2024-08:2	24:19	Not Verified with RBI	
Name of Bank				Bank-Branc	Bank-Branch STATE BANK OF INDIA			A	
Name of Branch			Scroll No. , Date		Not Verified wit	Not Verified with Scroll			

Department ID: 9326333302