



CHALLAN
MTR Form Number-6



GRN	MH009708144202425U	BARCODE			Date	14/10/2024-08:43:40		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		Sanjay Sadashiv Marathe and others Vs The State											
Location					MUMBAI								of Maharashtra and others											
Year					2024-2025 One Time						Flat/Block No.													
Account Head Details					Amount In Rs.						Premises/Building													
0070033201					Miscellaneous Receipts						310.00		Road/Street											
											Area/Locality													
											Town/City/District													
											PIN													
											Remarks (If Any)													
											Adv Prashant M Nagargoje													
											Amount In		Three Hundred Ten Rupees Only											
Total					310.00						Words													
Payment Details					STATE BANK OF INDIA						FOR USE IN RECEIVING BANK													
Cheque-DD Details											Bank CIN		Ref. No.		00040572024101439640		CPAEIRCAD6							
Cheque/DD No.											Bank Date		RBI Date		14/10/2024-08:24:44		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