

CHALLAN MTR Form Number-6



			24/10/2024-17:40:39 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 / TAN (If Any)							
		PAN No.(If Applicable)							
Office Name INCHARGE REGISTRAR MAT MUMBAI			Adv Prashant M Nagargoje						
Year 2024-2025 One Time		lo.							
Amount In Rs.	Premises/Building								
60.00	Road/Street								
	Area/Locality								
	Town/City/[District							
	PIN								
	Remarks (If Any)								
	Ashok Umaji Sharmale Vs The State of Maharashtra and others								
	Amount In	Sixty Rup	ty Rupees Only						
60.00	Words								
		FC	USE IN RECEIVING BANK						
Cheque-DD Details		Ref. No.	0004057202410	2427692	CPAEJTPPZ6				
	Bank Date	RBI Date	24/10/2024-17:2	4:41	Not Ve	erified wit	th RBI		
	Bank-Branch		STATE BANK OF INDIA						
	Scroll No. , Date		Not Verified with Scroll						
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Department ID :

Mobile No. : 9326333302