



CHALLAN  
MTR Form Number-6



GRN	MH010360426202425U	BARCODE			Date	24/10/2024-17:40:39		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.													
Account Head Details					Amount In Rs.						Premises/Building													
0070033201					Miscellaneous Receipts						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 Rupees Only											
Total					60.00						Words													
Payment Details					STATE BANK OF INDIA						FOR USE IN RECEIVING BANK													
Cheque-DD Details											Bank CIN		Ref. No.		00040572024102427692		CPAEJTPPZ6							
Cheque/DD No.											Bank Date		RBI Date		24/10/2024-17:24:41		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