



CHALLAN  
MTR Form Number-6



GRN	MH010436522202425U	BARCODE			Date	25/10/2024-17:22:17		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		Ram Sidram Rajmane and other Vs The State of			
Location					MUMBAI								Maharashtra and others			
Year					2024-2025 One Time						Flat/Block No.					
Account Head Details					Amount In Rs.						Premises/Building					
0070033201 Miscellaneous Receipts					260.00						Road/Street					
											Area/Locality					
											Town/City/District					
											PIN					
											Remarks (If Any)					
											Adv Prashant M Nagargoje					
											Amount In		Two Hundred Sixty Rupees Only			
Total					260.00						Words					
Payment Details					STATE BANK OF INDIA						FOR USE IN RECEIVING BANK					
Cheque-DD Details					Bank CIN		Ref. No.		00040572024102578558		CPAEJVZSD9					
Cheque/DD No.					Bank Date		RBI Date		25/10/2024-17:24:23		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