



CHALLAN
MTR Form Number-6



GRN	MH010609962202425U	BARCODE			Date	04/11/2024-09:54:51		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 AURANGABAD						Full Name		Adv Prashant M Nagargoje			
Location					CHHATRAPATI SAMBHAJINAGAR											
Year					2024-2025 One Time						Flat/Block No.		Ch. Sambhajinagar			
Account Head Details					Amount In Rs.		Premises/Building									
0070033201 Miscellaneous Receipts					60.00		Road/Street									
							Area/Locality									
							Town/City/District									
							PIN									
							Remarks (If Any)									
							Rahul Haribhau Khatavkar 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.		00040572024110429977		CPAEKLVNQ0					
Cheque/DD No.					Bank Date		RBI Date		04/11/2024-09:24:55		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