



CHALLAN
MTR Form Number-6



GRN	MH010615814202425U	BARCODE			Date	04/11/2024-11:34:23		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.		Ravindranagar	
Account Head Details				Amount In Rs.		Premises/Building							
0070033201 Miscellaneous Receipts				60.00		Road/Street							
						Area/Locality		Ch. Sambhajinagar					
						Town/City/District							
						PIN							
						Remarks (If Any)							
						Kundan Jotiram Jadhav 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.		00040572024110434277		CPAEKMFCY2			
Cheque/DD No.				Bank Date		RBI Date		04/11/2024-11:24:35		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