

CHALLAN MTR Form Number-6



GRN MH010713480202425U BARCODE II			Date	• 05/11/2024-19:5	51:12 I	Form	ı 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 A	Applicable)						
Office Name INCHARGE REGISTRAR MAT MUMBAI		Full Name		Adv Prashant Madhav Nagargoje					
Location MUMBAI									
Year 2024-2025 One Time		Flat/Block No.		Ravindranagar					
Account Head Details Amount In Rs.		Premises/Building							
0070033201 Miscellaneous Receipts 310.00		Road/Stree	t						
		Area/Locality		Ch. Sambhajinagar					
		Town/City/l	District						
		PIN			4	3	1	0 0	1
		Remarks (If Any) Chandrakant Balshiram Landge and others Vs The State of Maharashtra							
		and others							
		Amount In	Three Hu	Three Hundred Ten Rupees Only					
Total	310.00	Words							
Payment Details STATE BANK OF INDIA		FOR USE IN RECEIVING BANK							
Cheque-DD Details		Bank CIN	Ref. No.	0004057202411	052412	22 C	CPAEKQTYK0		
Cheque/DD No.		Bank Date	RBI Date	05/11/2024-19:2	4:52	N	ot Ver	fied with	RBI
Name of Bank		Bank-Branch		STATE BANK OF INDIA					
Name of Branch	ne of Branch		Date	Not Verified with Scroll					

Department ID: 9326333302