



CHALLAN
MTR Form Number-6



GRN	MH010916936202425U	BARCODE			Date	10/11/2024-20:12:20		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.													
Account Head Details				Amount In Rs.		Premises/Building																	
0070033201				Miscellaneous Receipts		60.00		Road/Street		Ravindranagar													
						Area/Locality		Ch. Sambhajinagar															
						Town/City/District																	
						PIN				4		3		1		0		0		1			
						Remarks (If Any)																	
						Chandrakant S/o Balshiram Landge 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.		00040572024111088185				CPAELCCY11											
Cheque/DD No.				Bank Date		RBI Date		10/11/2024-20:24:13				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