



CHALLAN  
MTR Form Number-6



|                                   |                    |         |  |   |      |   |  |                      |  |                           |  |                          |  |   |  |   |  |   |  |   |  |   |  |
|-----------------------------------|--------------------|---------|--|---|------|---|--|----------------------|--|---------------------------|--|--------------------------|--|---|--|---|--|---|--|---|--|---|--|
| GRN                               | MH010971020202425U | BARCODE |  |   | Date | 11/11/2024-17:38:50   |  | Form ID              |  |                           |  |                          |  |   |  |   |  |   |  |   |  |   |  |
| Department                        |                    |         |  | Maharashtra Administrative Tribunal   |      |   |  |                      |  | Payer Details             |  |                          |  |   |  |   |  |   |  |   |  |   |  |
| Type of Payment                   |                    |         |  | Original Application Fees<br>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.            |  | PLOT NO. 24              |  |   |  |   |  |   |  |   |  |   |  |
| 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)  |  |                      |  |                           |  |                          |  |   |  |   |  |   |  |   |  |   |  |
|                                   |                    |         |  |   |      | Punam Vilas Bhalerao 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.  |  | 00040572024111146329 |  |                           |  | CPAELEMRO9               |  |   |  |   |  |   |  |   |  |   |  |
| Cheque/DD No.                     |                    |         |  | Bank Date   |      | RBI Date  |  | 11/11/2024-17:24:39  |  |                           |  | 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