



CHALLAN
MTR Form Number-6



GRN	MH012617754202425U	BARCODE			Date	16/12/2024-09:53:43		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.		Plot No. 24									
Account Head Details				Amount In Rs.		Premises/Building															
0070033201 Miscellaneous Receipts				60.00		Road/Street		Ravindranagar													
						Area/Locality		Chh. Sambhajanagar													
						Town/City/District															
						PIN				4		3		1		0		0		1	
						Remarks (If Any)															
						Kailas S/o Chandrakant Deshmane 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.		00040572024121642764		CPAE00VUI2											
Cheque/DD No.				Bank Date		RBI Date		16/12/2024-09:24:54		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