



CHALLAN
MTR Form Number-6



GRN	MH014158395202425U	BARCODE			Date	10/01/2025-17:53:51		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.		Plot No. 24											
Account Head Details				Amount In Rs.		Premises/Building																	
0070033201				Miscellaneous Receipts		60.00		Road/Street				Ravindranagar											
						Area/Locality				Chh. Sambhajinagar													
						Town/City/District																	
						PIN						4		3		1		0		0		1	
						Remarks (If Any)																	
						Ganeshwar Hambirarao Shete 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.		00040572025011069509				CPAERJDNY8											
Cheque/DD No.				Bank Date		RBI Date		10/01/2025-17:24:54				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