



CHALLAN
MTR Form Number-6



GRN	MH016627707202425U	BARCODE			Date	23/02/2025-12:36:31		Form ID				
Department					Food, Civil Supplies and consumer Protection Department							
Type of Payment					Payer Details							
					Service and Service Fees			TAX ID / TAN (If Any)				
Services and Services Fees					PAN No.(If Applicable)							
Office Name					FOOD DISTRIBUTION OFFICE AURANGABAD		Full Name		SADHANA BHARAT KANKAL			
Location					CHHATRAPATI SAMBHAJINAGAR							
Year					2024-2025 From 23/02/2025 To 23/02/2025		Flat/Block No.					
Account Head Details					Amount In Rs.		Premises/Building					
0408002401 Service Fee					100.00		Road/Street					
							Area/Locality		Chhatrapati Sambhajinagar [515]			
							Town/City/District					
							PIN					
							Remarks (If Any) SN					
							Amount In		One Hundred Rupees Only			
Total					100.00		Words					
Payment Details					STATE BANK OF INDIA		FOR USE IN RECEIVING BANK					
Cheque-DD Details					Bank CIN		Ref. No.		00040572025022355020		CPAEVPZZQ8	
Cheque/DD No.					Bank Date		RBI Date		23/02/2025-12:24:37		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 : RCMH20252230000083477

Mobile No. : 7448044362