



CHALLAN
MTR Form Number-6



GRN	MH004171108202425U	BARCODE			Date	26/06/2024-08:52:41		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		Uttam Bhaushaeb Omase											
Location				MUMBAI																			
Year				2024-2025 One Time						Flat/Block No.		A403											
Account Head Details				Amount In Rs.		Premises/Building																	
0070033201 Miscellaneous Receipts				250.00		Road/Street				Nevalevasti													
						Area/Locality				Pune													
						Town/City/District																	
						PIN						4		1		1		0		6		2	
						Remarks (If Any)																	
						Original Application Fees																	
						Amount In		Two Hundred Fifty Rupees Only															
Total				250.00		Words																	
Payment Details				STATE BANK OF INDIA						FOR USE IN RECEIVING BANK													
Cheque-DD Details				Bank CIN		Ref. No.		00040572024062642548				CPADXMGSY6											
Cheque/DD No.				Bank Date		RBI Date		26/06/2024-08:24:53				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. : 9372240896