

CHALLAN MTR Form Number-6



GRN MH004573511202425U BARCODE II IIII IIIIIIIIIIIIIIIIIIIIIIIIIIII			III Date	Date 02/07/2024-10:53:53 Form ID								
Department Maharashtra Administrative Tribunal				Payer Details								
Original Application Fees Type of Payment Cash Receipt of Record Room in Office which are ch					N (If Any)							
					Applicable)							
Office Name INCHARGE REGISTRAR MAT MUMBAI						Vinod Ghante						
Location MUMBAI												
Year 2024-2025 One Time					Flat/Block No.							
Account Head Details Amount In Rs.			Premises/B	Premises/Building								
0070033201 Miscellaneous Receipts 50.00				Road/Stree	Road/Street							
				Area/Locali	ty	Kalyan						
				Town/City/District								
				PIN			4	2	1	0	0	6
				Remarks (If Any)								
				Original Application Fees								
			Amount In	Fifty Rup	Rupees Only							
Total			50.00	Words								
Payment Details STATE BANK OF INDIA				FOR USE IN RECEIVING BANK								
Cheque-DD Details				Bank CIN	Ref. No.	00040572024070270204 CPADXZFHH6						
Cheque/DD No.				Bank Date	RBI Date	02/07/2024-10:2	4:54	N	ot Ver	ified v	vith RE	31
Name of Bank			Bank-Branc	h	STATE BANK OF INDIA							
Name of Branch			Scroll No. ,	Scroll No., Date Not Verified with Scroll								
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Department ID :

Mobile No. : 9372240896