

CHALLAN MTR Form Number-6



GRN MH004573917202425U BARCODE				Date	e 02/07/2024-10:58:50	Form ID
Department Maharashtra Administrative Tribunal			Payer Details			
Original Application Fees Type of Payment 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		Sanjay Jadhav	
Location MUMBAI						
Year 2024-2025 One Time			Flat/Block No.			
Account Head Details		Amount In Rs.	Premises/Building			
0070033201 Miscellaneous Receipts		50.00	Road/Street			
			Area/Locality		Pune	
			Town/City/District			
			PIN			
		Remarks (If Any)				
		Original Application Fees				
			Amount In	Fifty Rupees Only		
Total		50.00	Words			
Payment Details STATE BANK OF INDIA			FOR USE IN RECEIVING BANK			
Cheque-DD Details			Bank CIN	Ref. No.	000405720240702704	79 CPADXZFUI8
Cheque/DD No.			Bank Date	RBI Date	02/07/2024-11:24:00	Not Verified with RBI
Name of Bank		Bank-Branch		STATE BANK OF INDIA		
Name of Branch	Name of Branch		Scroll No. , Date		Not Verified with Scroll	

Department ID: 9372240896