



CHALLAN
MTR Form Number-6



GRN	MH004703769202425U	BARCODE			Date	04/07/2024-12:10:52		Form ID		
Department					Maharashtra Administrative Tribunal					
Type of Payment					Original Application Fees Cash Receipt of Record Room in Office which are ch					
Office Name					INCHARGE REGISTRAR MAT MUMBAI		Full Name		Sanjay Nagnath Jadhav	
Location					MUMBAI		Flat/Block No.		Solapur	
Year					2024-2025 One Time		Premises/Building			
Account Head Details					Amount In Rs.		Road/Street			
0070033201					Miscellaneous Receipts		50.00		Area/Locality	
							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.		00040572024070480754	
Cheque/DD No.					Bank Date		RBI Date		04/07/2024-12:24:12	
Name of Bank					Bank-Branch		STATE BANK OF INDIA			
Name of Branch					Scroll No. , Date		Not Verified with Scroll			

Department ID :

Mobile No. : 9594222943