



CHALLAN
MTR Form Number-6



GRN	MH004725547202425U	BARCODE			Date	04/07/2024-15:14:46		Form ID							
Department					Maharashtra Administrative Tribunal						Payer Details				
Type of Payment					Original Application Fees						TAX ID / TAN (If Any)				
					Cash Receipt of Record Room in Office which are ch						PAN No.(If Applicable)				
Office Name					INCHARGE REGISTRAR MAT MUMBAI						Full Name				
Location					MUMBAI						Tribhuvan Govind Kande				
Year					2024-2025 One Time						Flat/Block No.				
Account Head Details					Amount In Rs.						Premises/Building				
0070033201					Miscellaneous Receipts						Road/Street				
					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.				
					00040572024070497254						CPADYFGEZ9				
Cheque/DD No.					Bank Date						RBI Date				
					04/07/2024-15:24:15						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. : 9594222943