



CHALLAN  
MTR Form Number-6



GRN	MH004773278202425U	BARCODE			Date	05/07/2024-13:05:31		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		Mallikarjun Yashavant Birajdar			
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		Solapur					
								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.		00040572024070550303		CPADYHGIT9					
Cheque/DD No.				Bank Date		RBI Date		05/07/2024-13:24:06		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