




GRN MH004774545202425U		BARCODE 		Date 05/07/2024-13:16:26		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		Vishvanath Annarao @ Chanbasappa Patil	
Location MUMBAI							
Year 2024-2025 One Time				Flat/Block No.			
Account Head Details		Amount In Rs.					
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.	
Cheque/DD No.				Bank Date		RBI Date	
Name of Bank				Bank-Branch		STATE BANK OF INDIA	
Name of Branch				Scroll No. , Date		Not Verified with Scroll	

Mobile No. : 9594222943