



CHALLAN
MTR Form Number-6



GRN	MH005004354202425U	BARCODE			Date	10/07/2024-14:01:36		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					Vijaykumar Pandurang Mhasal									
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					Navi Mumbai									
											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.		00040572024071047060				CPADYSZMC8								
Cheque/DD No.					Bank Date						RBI Date		10/07/2024-14:24:02				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. : 9372240896