



CHALLAN
MTR Form Number-6



GRN	MH005994717202425U	BARCODE			Date	30/07/2024-15:12:15		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		Sujal Arun Bharmal	
Location				MUMBAI		Flat/Block No.			
Year				2024-2025 From 01/04/2024 To 31/03/2025		Premises/Building			
Account Head Details				Amount In Rs.		Road/Street			
0070033201 Miscellaneous Receipts				50.00		Area/Locality			
						Town/City/District			
						PIN			
						Remarks (If Any)			
Total				50.00		Amount In		Fifty Rupees Only	
						Words			
Payment Details				STATE BANK OF INDIA		FOR USE IN RECEIVING BANK			
Cheque-DD Details				Bank CIN		Ref. No.		00040572024073089017 CPAEBDGTO4	
Cheque/DD No.				Bank Date		RBI Date		30/07/2024-15:24:13 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. : 9307479121