



CHALLAN
MTR Form Number-6



GRN	MH006038236202425U	BARCODE			Date	31/07/2024-11:00:14		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		MS. SARWARI AJAY SANGWAI			
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									
						Town/City/District									
						PIN									
						Remarks (If Any)									
						Adv. Punam Mahajan									
						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.		00040572024073136121		CPAEBGBLN9					
Cheque/DD No.				Bank Date		RBI Date		31/07/2024-11:24:01		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. : 9579546901