



CHALLAN
MTR Form Number-6



GRN	MH006428083202425U	BARCODE			Date	07/08/2024-13:45:04		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		SHRI. YOGESH SAHEBRAO GAWALI				
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.		00040572024080775352		CPAEBZUPN8						
Cheque/DD No.					Bank Date		RBI Date		07/08/2024-13:24:45		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