



CHALLAN
MTR Form Number-6



GRN	MH006771351202425U	BARCODE			Date	14/08/2024-14:54:04		Form ID				
Department					Maharashtra Administrative Tribunal							
Type of Payment					Cash Receipt of Record Room in Office which are ch							
Office Name					INCHARGE REGISTRAR MAT MUMBAI							
Location					MUMBAI							
Year					2024-2025 One Time							
Account Head Details					Amount In Rs.		Premises/Building					
0070033201 Miscellaneous Receipts					50.00		Road/Street					
							Area/Locality					
							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							
Cheque-DD Details					FOR USE IN RECEIVING BANK							
Cheque/DD No.					Bank CIN		Ref. No.		00040572024081473104		CPAECPIKC0	
					Bank Date		RBI Date		14/08/2024-14:24:54		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. : 9594222943