




CHALLAN  
MTR Form Number-6



GRN MH007036463202425U		BARCODE 		Date 21/08/2024-12:23:00		Form ID	
Department Maharashtra Administrative Tribunal				Payer Details			
Original Application Fees Type of Payment 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 Vishal S Jagate			
Location MUMBAI							
Year 2024-2025 One Time				Flat/Block No.			
Account Head Details			Amount In Rs.	Premises/Building			
0070033201 Miscellaneous Receipts			80.00	Road/Street			
				Area/Locality			
				Town/City/District			
				PIN			
				Remarks (If Any) Adv. Punam Mahajan			
				Amount In Eighty Rupees Only			
Total			80.00	Words			
Payment Details STATE BANK OF INDIA				FOR USE IN RECEIVING BANK			
Cheque-DD Details				Bank CIN	Ref. No.	00040572024082195729	CPAEDCJFC8
Cheque/DD No.				Bank Date	RBI Date	21/08/2024-12:24:24	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