



CHALLAN
MTR Form Number-6



GRN	MH007039491202425U	BARCODE			Date	21/08/2024-12:45:23		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		SMT. YOGYATA CHANDRAKANT KHATAL			
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.		00040572024082197853		CPAEDCLQW5					
Cheque/DD No.					Bank Date		RBI Date		21/08/2024-12:24:46		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