



CHALLAN
MTR Form Number-6



GRN	MH007040720202425U	BARCODE			Date	21/08/2024-12:54:43		Form ID																
Department					Maharashtra Administrative Tribunal																			
Type of Payment					Original Application Fees					Cash Receipt of Record Room in Office which are ch														
Office Name					INCHARGE REGISTRAR MAT MUMBAI					Full Name					Shri Samadhan J. Bhujbal									
Location					MUMBAI					Flat/Block No.														
Year					2024-2025 One Time					Premises/Building														
Account Head Details					Amount In Rs.					Road/Street														
0070033201					Miscellaneous Receipts					50.00					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.					00040572024082198760					CPAEDCMRY4				
Cheque/DD No.					Bank Date					RBI Date					21/08/2024-12:24:56					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