



CHALLAN
MTR Form Number-6



GRN	MH007256957202425U	BARCODE			Date	26/08/2024-10:28:51		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		Madhuri Gulhane							
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)											
									S S Dere											
									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.		00040572024082687069				CPAEDLMPF7							
Cheque/DD No.					Bank Date		RBI Date		26/08/2024-10:24:29				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. : 9372240896