



CHALLAN
MTR Form Number-6



GRN	MH007263195202425U	BARCODE			Date	26/08/2024-11:38:07		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		MAZHAR KHAN											
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)		M B KADAM											
										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.		00040572024082691710				CPAEDLPPE5										
Cheque/DD No.					Bank Date		RBI Date		26/08/2024-11:24:39				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