



CHALLAN  
MTR Form Number-6



GRN	MH007711517202425U	BARCODE			Date	03/09/2024-10:31:50		Form ID																
Department					Maharashtra Administrative Tribunal						Payer Details													
Type of Payment					Original Application Fees					TAX ID / TAN (If Any)														
					Cash Receipt of Record Room in Office which are ch					PAN No.(If Applicable)														
Office Name					INCHARGE REGISTRAR MAT MUMBAI					Full Name					Samadhan Patil and Ors									
Location					MUMBAI																			
Year					2024-2025 One Time					Flat/Block No.														
Account Head Details					Amount In Rs.					Premises/Building														
0070033201					Miscellaneous Receipts					200.00					Road/Street									
										Area/Locality														
										Town/City/District														
										PIN														
										Remarks (If Any)														
										Sachin Ambulkar														
										Amount In					Two Hundred Rupees Only									
Total					200.00					Words														
Payment Details					STATE BANK OF INDIA					FOR USE IN RECEIVING BANK														
Cheque-DD Details										Bank CIN		Ref. No.		00040572024090375531			CPAEEERLH8							
Cheque/DD No.										Bank Date		RBI Date		03/09/2024-10:24:32			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