



CHALLAN  
MTR Form Number-6



GRN	MH007764115202425U	BARCODE			Date	03/09/2024-21:30:03		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		Samadhan Kharat					
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.		00040572024090332124		CPAEEGWHN5							
Cheque/DD No.				Bank Date		RBI Date		03/09/2024-21:24:30		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