

## CHALLAN MTR Form Number-6



GRN MH007768511202425U BARCODE						Date	ate 04/09/2024-10:05:05 Form ID					
Department Maharashtra Administrative Tribunal					Payer Details							
Original Application Fees  Type of Payment Cash Receipt of Record Room in Office which are ch					AN (If An	ny)						
					Applicab	ole)						
Office Name INCHARGE REGISTRAR MAT MUMBAI						:	SHRI.CHETAN AJIT NALAWADE					
Location MUMBAI												
<b>Year</b> 2024-2025 One Time					Flat/Block No.							
Account Head Details A			Amount In I	remises/	Premises/Building							
0070033201 Miscellaneous Receipts 50.0			00 Road/Stre	Road/Street								
				Area/Loca	lity							
				Town/City	/District							
				PIN								
				Remarks (	Remarks (If Any)							
			Adv. Punam Mahajan									
				Amount Ir	Fifty F	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	0.	00040572024090	)43454	18 CF	PAEEH	IJWQ4	
Cheque/DD No.				Bank Date	RBI Da	ate	04/09/2024-10:24	4:06	No	t Verif	ied with	RBI
Name of Bank				Bank-Bran	Bank-Branch STATE BANK OF INDIA							
Name of Branch				Scroll No.	Date	Not Verified with Scroll						

Department ID: 9579546901