




GRN     MH007782746202425U		BARCODE 		Date     04/09/2024-12:33:03		Form ID					
Department     Maharashtra Administrative Tribunal				Payer Details							
Type of Payment     Other Receipts				TAX ID / TAN (If Any)							
				PAN No.(If Applicable)							
Office Name     INCHARGE REGISTRAR MAT MUMBAI				Full Name		Shaila Prashant Sontakke					
Location     MUMBAI											
Year     2024-2025   One Time				Flat/Block No.							
Account Head Details			Amount In Rs.		Premises/Building						
0070077101   Other Receipts			50.00		Road/Street						
					Area/Locality						
					Town/City/District						
					PIN		<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>				
					Remarks (If Any)						
					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.		00040572024090445158		CPAEEIBCU4	
Cheque/DD No.				Bank Date		RBI Date		04/09/2024-12:24:33		Not Verified with RBI	
Name of Bank				Bank-Branch			STATE BANK OF INDIA				
Name of Branch				Scroll No. , Date			Not Verified with Scroll				

Mobile No. : 9820908923