



CHALLAN
MTR Form Number-6



GRN	MH008009689202425U	BARCODE			Date	09/09/2024-16:17:01		Form ID		
Department					Maharashtra Administrative Tribunal					
Type of Payment					Original Application Fees Cash Receipt of Record Room in Office which are ch					
Office Name					INCHARGE REGISTRAR MAT MUMBAI					
Location					MUMBAI					
Year					2024-2025 One Time					
Account Head Details					Amount In Rs.		Premises/Building			
0070033201 Miscellaneous Receipts					50.00		Road/Street			
							Area/Locality			
							Town/City/District			
							PIN			
							Remarks (If Any)			
Total					50.00		Amount In		Fifty Rupees Only	
							Words			
Payment Details					STATE BANK OF INDIA					
Cheque-DD Details					FOR USE IN RECEIVING BANK					
Cheque/DD No.					Bank CIN		Ref. No.		00040572024090945021 CPAAEEWUEN2	
					Bank Date		RBI Date		09/09/2024-16:24:18 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. : 9767960443