



CHALLAN  
MTR Form Number-6



GRN	MH008385886202425U	BARCODE			Date	18/09/2024-13:31:34		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		SANTOSH GAIKWAD	
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)							
						ADV. PUNAM MAHAJAN							
						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.		00040572024091867588		CPAEFWDOA2			
Cheque/DD No.				Bank Date		RBI Date		18/09/2024-13:24:32		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. :

9579546901