



CHALLAN
MTR Form Number-6



GRN	MH008517397202425U	BARCODE			Date	20/09/2024-14:03:40		Form ID		
Department					Maharashtra Administrative Tribunal					
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		Kashinath Sampat Bharte	
Location					MUMBAI					
Year					2024-2025 One Time		Flat/Block No.		Khanapur	
Account Head Details					Amount In Rs.		Premises/Building			
0070033201					Miscellaneous Receipts		Road/Street		Tq Raver	
					60.00		Area/Locality		Jalgaon	
							Town/City/District			
							PIN			
							Remarks (If Any)			
							Adv Kakasaheb b jadhav			
Total					60.00		Amount In		Sixty Rupees Only	
							Words			
Payment Details					STATE BANK OF INDIA		FOR USE IN RECEIVING BANK			
Cheque-DD Details					Bank CIN		Ref. No.		00040572024092086440	
					Bank Date		RBI Date		20/09/2024-14:24:05	
Cheque/DD No.							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. : 9422203571