



CHALLAN  
MTR Form Number-6



GRN	MH008722112202425U	BARCODE			Date	24/09/2024-17:08:27		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		Alaknanda Shulmit Vaidya		
Location					MUMBAI									
Year					2024-2025 One Time					Flat/Block No.				
Account Head Details					Amount In Rs.					Premises/Building				
0070033201					Miscellaneous Receipts					Road/Street				
					50.00					Area/Locality		Satara		
										Town/City/District				
										PIN				
										Remarks (If Any)				
										Original Application Fees				
										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.		00040572024092474078		CPAEGNAWN0			
Cheque/DD No.					Bank Date		RBI Date		24/09/2024-17:24:09		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. : 9821811989