



GRN	MH008744776202425U	BARCODE			Date	25/09/2024-11:15:36			Form ID							
Department				Maharashtra Administrative Tribunal			Payer Details									
Type of Payment				Original Application Fees			TAX ID / TAN (If Any)									
				Cash Receipt of Record Room in Office which are ch			PAN No.(If Applicable)									
Office Name				INCHARGE REGISTRAR MAT MUMBAI			Full Name		SACHIN LAXMAN AVATADE							
Location				MUMBAI												
Year				2024-2025 One Time			Flat/Block No.									
Account Head Details			Amount In Rs.		Premises/Building											
0070033201			Miscellaneous Receipts		160.00		Road/Street									
							Area/Locality									
							Town/City/District									
							PIN									
					Remarks (If Any)											
					Amount In		One Hundred Sixty Rupees Only									
Total					160.00		Words									
Payment Details				STATE BANK OF INDIA			FOR USE IN RECEIVING BANK									
Cheque-DD Details				Bank CIN		Ref. No.		00040572024092588946			CPAEGOJXU7					
Cheque/DD No.				Bank Date		RBI Date		25/09/2024-11:24:17			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. : 8425914701