



CHALLAN  
MTR Form Number-6



GRN	MH009068424202425U	BARCODE			Date	01/10/2024-08:55:47		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 Sampat Kakad									
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					MUMBAI									
										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.		00040572024100172694			CPAEHFFKJ4							
Cheque/DD No.										Bank Date		RBI Date		01/10/2024-08:24:56			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. : 9594222943