




GRN	MH009121772202425U	BARCODE			Date	01/10/2024-18:15:27			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)																	
Office Name				INCHARGE REGISTRAR MAT MUMBAI				Full Name				HARICHANDRA KISHAN NAGRE									
				Location				MUMBAI													
Year				2024-2025 One Time				Flat/Block No.													
Account Head Details				Amount In Rs.				Premises/Building													
0070033201				Miscellaneous Receipts				210.00				Road/Street									
								Area/Locality													
								Town/City/District													
								PIN													
								Remarks (If Any)													
								Amount In		Two Hundred Ten Rupees Only											
Total				210.00				Words													
Payment Details				STATE BANK OF INDIA				FOR USE IN RECEIVING BANK													
Cheque-DD Details				Bank CIN		Ref. No.		00040572024100134168				CPAEHHNZF8									
Cheque/DD No.				Bank Date		RBI Date		01/10/2024-18:24:17				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