



CHALLAN
MTR Form Number-6



GRN	MH009643098202425U	BARCODE			Date	11/10/2024-12:52:27		Form ID			
Department				Maharashtra Administrative Tribunal							
Type of Payment				Original Application Fees Cash Receipt of Record Room in Office which are ch							
Office Name				INCHARGE REGISTRAR MAT MUMBAI		Full Name				SMT. LEENA SUKHDEV WAYDANDE and SMT. DIKSHITA SHRAVAN NARNAWARE	
Location				MUMBAI		Flat/Block No.					
Year				2024-2025 One Time		Premises/Building					
Account Head Details				Amount In Rs.		Road/Street					
0070033201				Miscellaneous Receipts		Area/Locality					
						Town/City/District					
						PIN					
						Remarks (If Any)					
						Adv. Punam Mahajan					
Total				100.00		Amount In		One Hundred Rupees Only			
						Words					
Payment Details				STATE BANK OF INDIA		FOR USE IN RECEIVING BANK					
Cheque-DD Details				Bank CIN		Ref. No.		00040572024101174198		CPAEILBHK3	
Cheque/DD No.				Bank Date		RBI Date		11/10/2024-12:24:53		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. : 9579546901