CHALLAN
MTR Form Number-6

GRN	MH009646501202425U	BARCODE		Date	11/10/2024-13:15:22	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**	SHRI. GANGADHAR DHONDIBHAU GHAWATE
Location	MUMBAI		
Year	2024-2025 One Time	**Flat/Block No.**	
		Premises/Building	

Account Head Details	Amount In Rs.
0070033201 Miscellaneous Receipts	50.00
Total	50.00

Road/Street					
Area/Locality					
Town/City/District					
PIN					
Remarks (If Any)	Adv. Punam Mahajan				
Amount In Words	Fifty Rupees Only				

Payment Details	STATE BANK OF INDIA	**FOR USE IN RECEIVING BANK**			
Cheque-DD Details		Bank CIN	Ref. No.	00040572024101176780	CPAEILDNS4
Cheque/DD No.		Bank Date	RBI Date	11/10/2024-13:24:16	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

Print Date 11-10-2024 01:16:18