



CHALLAN  
MTR Form Number-6



|                      |                    |         |  |  |   |                     |                                      |         |                          |  |
|----------------------|--------------------|---------|--|--|---|---------------------|--------------------------------------|---------|--------------------------|--|
| GRN                  | MH009653934202425U | BARCODE |  |  | Date  | 11/10/2024-14:19:42 |                                      | Form ID |                          |  |
| Department           |                    |         |  |  | Maharashtra Administrative Tribunal   |                     |                                      |         |                          |  |
| Type of Payment      |                    |         |  |  | Original Application Fees<br>Cash Receipt of Record Room in Office which are ch |                     |                                      |         |                          |  |
| Office Name          |                    |         |  |  | INCHARGE REGISTRAR MAT MUMBAI   |                     | Full Name                            |         | Rashmi Rajendra Salunkhe |  |
| Location             |                    |         |  |  | MUMBAI  |                     | PAN No.(If Applicable)               |         |                          |  |
| Year                 |                    |         |  |  | 2024-2025 One Time  |                     | Flat/Block No.                       |         |                          |  |
| Account Head Details |                    |         |  |  | Amount In Rs.   |                     | Premises/Building                    |         |                          |  |
| 0070033201           |                    |         |  |  | Miscellaneous Receipts  |                     | Road/Street                          |         |                          |  |
|                      |                    |         |  |  |   |                     | Area/Locality                        |         | RAIGAD                   |  |
|                      |                    |         |  |  |   |                     | Town/City/District                   |         |                          |  |
|                      |                    |         |  |  |   |                     | PIN                                  |         |                          |  |
|                      |                    |         |  |  |   |                     | Remarks (If Any)                     |         |                          |  |
|                      |                    |         |  |  |   |                     | Vakalatnama 10 and Applicant fees 50 |         |                          |  |
|                      |                    |         |  |  |   |                     |                                      |         |                          |  |
|                      |                    |         |  |  |   |                     |                                      |         |                          |  |
|                      |                    |         |  |  |   |                     |                                      |         |                          |  |
|                      |                    |         |  |  |   |                     |                                      |         |                          |  |
|                      |                    |         |  |  |   |                     |                                      |         |                          |  |
| Total                |                    |         |  |  | 60.00   |                     | Amount In                            |         | Sixty Rupees Only        |  |
|                      |                    |         |  |  |   |                     | Words                                |         |                          |  |
| Payment Details      |                    |         |  |  | STATE BANK OF INDIA   |                     |                                      |         |                          |  |
| Cheque-DD Details    |                    |         |  |  | FOR USE IN RECEIVING BANK   |                     |                                      |         |                          |  |
| Cheque/DD No.        |                    |         |  |  | Bank CIN  |                     | Ref. No.                             |         | 00040572024101182360     |  |
|                      |                    |         |  |  | Bank Date   |                     | RBI Date                             |         | 11/10/2024-14:24:21      |  |
| Name of Bank         |                    |         |  |  | Bank-Branch   |                     | STATE BANK OF INDIA                  |         |                          |  |
| Name of Branch       |                    |         |  |  | Scroll No. , Date   |                     | Not Verified with Scroll             |         |                          |  |

Department ID :

Mobile No. : 9594222943