



CHALLAN
MTR Form Number-6



GRN	MH009742558202425U	BARCODE			Date	14/10/2024-15:06:28		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		Adv Sangharsh V Waghmare					
Location					MUMBAI													
Year					2024-2025 One Time						Flat/Block No.							
Account Head Details					Amount In Rs.						Premises/Building							
0070033201					Miscellaneous Receipts						400.00		Road/Street					
											Area/Locality							
											Town/City/District							
											PIN							
											Remarks (If Any)							
											Amount In		Four Hundred Rupees Only					
Total					400.00						Words							
Payment Details					STATE BANK OF INDIA						FOR USE IN RECEIVING BANK							
Cheque-DD Details					Bank CIN		Ref. No.		00040572024101466374		CPAEISXMH1							
Cheque/DD No.					Bank Date		RBI Date		14/10/2024-15:24:07		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. : 9833601177