



CHALLAN
MTR Form Number-6



GRN	MH009775926202425U	BARCODE			Date	15/10/2024-07:10:30		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. SANTOSH ASHOK HARALE SHRI.			
Location					MUMBAI								PRASHANT SHAMRAO SHIRKE			
Year					2024-2025 One Time						Flat/Block No.					
Account Head Details					Amount In Rs.						Premises/Building					
0070033201 Miscellaneous Receipts					100.00						Road/Street					
											Area/Locality					
											Town/City/District					
											PIN					
											Remarks (If Any)					
											Adv. Punam Mahajan					
											Amount In		One Hundred Rupees Only			
Total					100.00						Words					
Payment Details					STATE BANK OF INDIA						FOR USE IN RECEIVING BANK					
Cheque-DD Details					Bank CIN		Ref. No.		00040572024101587979		CPAEIUUWE8					
Cheque/DD No.					Bank Date		RBI Date		15/10/2024-07:24:11		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