



CHALLAN
MTR Form Number-6



GRN	MH009776280202425U	BARCODE			Date	15/10/2024-08:17:54		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						
Location					MUMBAI						
Year					2024-2025 One Time						
Account Head Details					Amount In Rs.		Premises/Building				
0070033201 Miscellaneous Receipts					110.00		Road/Street				
							Area/Locality				
							Town/City/District				
							PIN				
							Remarks (If Any)				
							Adv. Punam Mahajan				
Total					110.00		Amount In		One Hundred Ten Rupees Only		
							Words				
Payment Details					STATE BANK OF INDIA						
Cheque-DD Details					FOR USE IN RECEIVING BANK						
Cheque/DD No.					Bank CIN		Ref. No.		00040572024101588192		CPAEIUWFW4
					Bank Date		RBI Date		15/10/2024-08:24:18		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