




GRN	MH010014305202425U	BARCODE			Date	18/10/2024-13:38:18				Form ID																			
Department					Maharashtra Administrative Tribunal																								
Type of Payment					Original Application Fees					Cash Receipt of Record Room in Office which are ch																			
					TAX ID / TAN (If Any)																								
Office Name					INCHARGE REGISTRAR MAT MUMBAI					Full Name					SURENDRA GANGARAM THAKARE														
					Location					MUMBAI																			
Year					2024-2025 One Time					Flat/Block No.																			
Account Head Details					Amount In Rs.					Premises/Building																			
0070033201					Miscellaneous Receipts					560.00					Road/Street														
										Area/Locality																			
										Town/City/District																			
										PIN																			
										Remarks (If Any)																			
										Amount In					Five Hundred Sixty Rupees Only														
Total										560.00					Words														
Payment Details					STATE BANK OF INDIA					FOR USE IN RECEIVING BANK																			
Cheque-DD Details										Bank CIN					Ref. No.					00040572024101821276					CPAEJDWXX8				
Cheque/DD No.										Bank Date					RBI Date					18/10/2024-13:24:39					Not Verified with RBI				
Name of Bank										Bank-Branch					STATE BANK OF INDIA														
Name of Branch										Scroll No. , Date					Not Verified with Scroll														

Mobile No. : 8425914701