



CHALLAN  
MTR Form Number-6



GRN	MH010023544202425U	BARCODE					Date	18/10/2024-15:15:58		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 PRAVIN RAMAKANT AWAD					
Location	MUMBAI										
Year	2024-2025 One Time				Flat/Block No.						
	Account Head Details	Amount In Rs.		Premises/Building							
	0070033201 Miscellaneous Receipts	60.00		Road/Street							
				Area/Locality							
				Town/City/District							
				PIN							
				Remarks (If Any)	Adv Punam Mahajan						
				Amount In	Sixty Rupees Only						
Total		60.00		Words							
Payment Details	STATE BANK OF INDIA				FOR USE IN RECEIVING BANK						
	Cheque-DD Details				Bank CIN	Ref. No.	00040572024101828631	CPAEJEGOL1			
Cheque/DD No.					Bank Date	RBI Date	18/10/2024-15:24:16	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