

CHALLAN MTR Form Number-6



GRN MH010135533202425U BARCODE Ⅱ Ⅲ				te 21/10/2024-1	5:24:40 I	Form ID		
Department Maharashtra Administrative Tribunal		Payer Details						
Original Application Fees Type of Payment Cash Receipt of Record Room in Office which are ch		TAX ID / TA	N (lf Any)				
		PAN No.(If Applicable))				
Office Name INCHARGE REGISTRAR MAT MUMBAI		Full Name		SHRI.VIKRAM	HARIDA	AS DES	SHMUKH	AND
				OTHERS				
Location MUMBAI								
Year 2024-2025 One Time		Flat/Block I	No.					
Account Head Details	Amount In Rs.	Premises/Building						
0070033201 Miscellaneous Receipts 1440.00		Road/Street						
		Area/Locality						
		Town/City/I	District					
		PIN						
		Remarks (If	Any)					
		Adv. Punam	Mahajan					
		Amount In	One Thousand Four Hundred Forty Rupees Only					
Total	1,440.00	Words						
Payment Details STATE BANK OF INDIA		FOR USE IN RECEIVING BANK						
Cheque-DD Details		Bank CIN	Ref. No.	000405720241	00040572024102126525 CPAEJKGJP3			
Cheque/DD No.		Bank Date	RBI Date	21/10/2024-15	21/10/2024-15:24:25 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