

MH011690068202425U

Maharashtra Administrative Tribunal

Type of Payment Cash Receipt of Record Room in Office which are ch

Original Application Fees

GRN

Department

CHALLAN MTR Form Number-6

TAX ID / TAN (If Any)

PAN No.(If Applicable)



Form ID

Date 28/11/2024-11:19:34

Payer Details

Office Name INCHARGE REGISTRAR MAT MUMBAI						MS.PRADNYA	RAMDAS	KHADI	AND	06
				-		OTHERS				
Location MUMBAI										
Year 2024-2025 One Time				Flat/Block	No.					
Account Head Details Amoun			Amount In Rs.	Premises/E	Building					
0070033201	Miscellaneous Red	ceipts	520.00	Road/Street						
				Area/Locality						
				Town/City/District						
				PIN						
			Remarks (I	f Any)		1 1				
				Adv. Punam Mahajan						
				-						
				-						
				Amount In	Five Hun	ndred Twenty Rupees Only				
Total			520.00	Words						
Payment Details STATE BANK OF INDIA					FOR USE IN RECEIVING BANK					
Cheque-DD Details			Bank CIN	Ref. No.	000405720241	12867954	CPAEMU	KTQ3		
Cheque/DD No	0.			Bank Date	RBI Date	28/11/2024-11::	24:20	Not Verifi	ed with R	—— ≀BI
Name of Bank			Bank-Branch		STATE BANK OF INDIA					
Name of Branch			Scroll No. , Date		Not Verified with Scroll					
Department ID) :			1		-	Mobile N	lo. :	957954	690 [°]