



CHALLAN  
MTR Form Number-6



GRN	MH012106255202425U	BARCODE			Date	05/12/2024-15:03:28		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		Gitanjali Baban Bhujbal			
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		PUNE							
							Town/City/District									
							PIN									
							Remarks (If Any)									
							Applicant Fees 50 and Vakalatnama 10 Total 60									
							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.		00040572024120554511		CPAENMNJB3					
Cheque/DD No.					Bank Date		RBI Date		05/12/2024-15:24:05		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. : 9594222943