



CHALLAN
MTR Form Number-6



GRN	MH012108377202425U	BARCODE			Date	05/12/2024-15:21:19		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		CHETAN YASHWANT KHOT							
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)											
									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.		00040572024120556072				CPAENMPHH2							
Cheque/DD No.					Bank Date		RBI Date		05/12/2024-15:24:22				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. : 8425914701