



CHALLAN  
MTR Form Number-6



GRN	MH012390970202425U	BARCODE			Date	11/12/2024-12:25:28		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		Omkar Manjare					
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.		00040572024121126736		CPAEOCKDO5						
Cheque/DD No.					Bank Date		RBI Date		11/12/2024-12:24:26		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