

## CHALLAN MTR Form Number-6



GRN MH012397273202425U BARCODE			III Date	11/12/2024-13:1	1:00 <b>F</b>	orm	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 / TAN (If Any)									
		PAN No.(If A	pplicable)								
Office Name INCHARGE REGISTRAR MAT MUMBAI		Full Name		M B Lokhande							
Location MUMBAI											
<b>Year</b> 2024-2025 One Time		Flat/Block No.									
Account Head Details Amount In Rs.		Premises/Building									
0070033201 Miscellaneous Receipts 60.00		Road/Stree	t								
		Area/Locality  Town/City/District									
		PIN									
		Remarks (If Any)									
				Adv. Punam Mahajan							
		Amount In	Sixty Rup	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.	00040572024121	13188	CPAEOCQZP4					
Cheque/DD No.		Bank Date	RBI Date	11/12/2024-13:24	:12	No	t Verif	ed with	RBI		
Name of Bank			h	STATE BANK OF INDIA							
Name of Branch			Date	Not Verified with Scroll							

Department ID: 9579546901