



CHALLAN
MTR Form Number-6



GRN	MH012831021202425U	BARCODE			Date	19/12/2024-10:41:52		Form ID																	
Department					Maharashtra Administrative Tribunal						Payer Details														
Type of Payment					Original Application Fees						TAX ID / TAN (If Any)														
Type of Payment					Cash Receipt of Record Room in Office which are ch						PAN No.(If Applicable)														
Office Name					INCHARGE REGISTRAR MAT MUMBAI						Full Name					Dr. Supriya Fakirrao Deshmukh									
Location					MUMBAI																				
Year					2024-2025 One Time						Flat/Block No.														
Account Head Details					Amount In Rs.						Premises/Building														
0070033201					Miscellaneous Receipts						55.00					Road/Street									
											Area/Locality														
											Town/City/District														
											PIN														
											Remarks (If Any)														
											Desai Legal														
											Amount In					Fifty Five Rupees Only									
Total					55.00						Words														
Payment Details					STATE BANK OF INDIA						FOR USE IN RECEIVING BANK														
Cheque-DD Details											Bank CIN		Ref. No.		00040572024121953228				CPAEOXZVY9						
Cheque/DD No.											Bank Date		RBI Date		19/12/2024-10:24:43				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. : 9769817372