



CHALLAN
MTR Form Number-6



GRN	MH012892949202425U	BARCODE				Date	19/12/2024-19:58:27			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	Laxman Deshmukh						
Location	MUMBAI											
Year	2024-2025 One Time				Flat/Block No.	10 B						
	Account Head Details			Amount In Rs.	Premises/Building							
	0070033201 Miscellaneous Receipts			50.00	Road/Street	Bahubali Building						
					Area/Locality	Fort Mumbai						
					Town/City/District							
					PIN		4	0	0	0	0	1
					Remarks (If Any)							
					Amount In	Fifty Rupees Only						
Total				50.00	Words							
Payment Details	STATE BANK OF INDIA				FOR USE IN RECEIVING BANK							
	Cheque-DD Details				Bank CIN	Ref. No.	00040572024121922326			CPAEP AHEA9		
Cheque/DD No.				Bank Date	RBI Date	19/12/2024-19:24:59			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. : 9820908923