



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