



CHALLAN
MTR Form Number-6



GRN	MH012923683202425U	BARCODE			Date	20/12/2024-13:24:43		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		Sonali B Niture		
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.		00040572024122046300		CPAEPBSSM6			
Cheque/DD No.					Bank Date		RBI Date		20/12/2024-13:24:25		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