

CHALLAN MTR Form Number-6



GRN MH012935687202425U	MH012935687202425U BARCODE			Date	ate 20/12/2024-14:59:10 Form ID					
Department Maharashtra Administrative Tribunal			Payer Details							
Original Application Fees			TAX ID / TAN (If Any)							
Type of Payment Cash Receipt of Record Room in Office which are ch			PAN No.(If A	pplicable)						
Office Name INCHARGE REGISTRAR MAT MUMBAI			Full Name		SHRI. NAMDEO DADABHAU DAGALE					
Location MUMBAI										
Year 2024-2025 One Time			Flat/Block No.							
Account Head Details An		Amount In Rs.	Premises/B	uilding						
0070033201 Miscellaneous Receipts 60.00		Road/Street								
			Area/Locality							
			Town/City/District							
			PIN							
			Remarks (If Any)							
		Adv. Punam Mahajan								
			Amount In	Sixty Rup	ixty Rupees Only					
Total		60.00	Words							
Payment Details STATE BANK OF INDIA			FOR USE IN RECEIVING BANK							
Cheque-DD Details			Bank CIN	Ref. No.	00040572024122056655 CPAEPCDRG0					
Cheque/DD No.			Bank Date	RBI Date	20/12/2024-15:24	4:01	Not Ve	rified w	vith F	RBI
Name of Bank	lame of Bank		Bank-Branch		STATE BANK OF INDIA					
Name of Branch			Scroll No., Date Not Verified with Scroll							

Mobile No. : 9579546901