




GRN MH013159110202425U		BARCODE 		Date 24/12/2024-19:51:15		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		Ramesh L Gaikwad					
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		<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>				
					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.		00040572024122470594		CPAEPNMYG1	
Cheque/DD No.				Bank Date		RBI Date		24/12/2024-19:24:51		Not Verified with RBI	
Name of Bank				Bank-Branch			STATE BANK OF INDIA				
Name of Branch				Scroll No. , Date			Not Verified with Scroll				

Mobile No. : 9579546901