



CHALLAN
MTR Form Number-6



GRN	MH013158940202425U	BARCODE			Date	24/12/2024-19:46:34		Form ID				
Department					Maharashtra Administrative Tribunal							
Type of Payment					Original Application Fees Cash Receipt of Record Room in Office which are ch							
Office Name					INCHARGE REGISTRAR MAT MUMBAI		Full Name				M R Suryawanshi	
Location					MUMBAI		Flat/Block No.					
Year					2024-2025 One Time		Premises/Building					
Account Head Details					Amount In Rs.		Road/Street					
0070033201					Miscellaneous Receipts		Area/Locality					
					60.00		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.		00040572024122470484		CPAEPNMQQ0	
Cheque/DD No.					Bank Date		RBI Date		24/12/2024-19:24:47		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