



CHALLAN  
MTR Form Number-6



GRN	MH013159021202425U	BARCODE			Date	24/12/2024-19:48:52		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		N Kale			
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.		00040572024122470537		CPAEPNMTP3				
Cheque/DD No.					Bank Date		RBI Date		24/12/2024-19:24:49		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