



CHALLAN
MTR Form Number-6



GRN MH013193058202425U		BARCODE		Date 26/12/2024-11:15:49		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 Applicable)			
Office Name INCHARGE REGISTRAR MAT MUMBAI				Full Name		Arun Sardar Powar	
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		Kolhapur	
				Town/City/District			
				PIN			
				Remarks (If Any)			
				Applicant Fees 50 and Vakalatnama 10 total 60			
				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.	00040572024122694463	CPAEPQPTC2
Cheque/DD No.				Bank Date	RBI Date	26/12/2024-11:24:17	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. : 9594222943