



CHALLAN
MTR Form Number-6



GRN	MH013202485202425U	BARCODE			Date	26/12/2024-12:24:53		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					
Location					MUMBAI					
Year					2024-2025 One Time					
Account Head Details					Amount In Rs.		Premises/Building			
0070033201 Miscellaneous Receipts					60.00		Road/Street			
							Area/Locality			
							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					
Cheque-DD Details					FOR USE IN RECEIVING BANK					
Cheque/DD No.					Bank CIN		Ref. No.		00040572024122621860	
					Bank Date		RBI Date		26/12/2024-12:24:25	
Name of Bank					Bank-Branch		STATE BANK OF INDIA			
Name of Branch					Scroll No. , Date		Not Verified with Scroll			

Department ID :

Mobile No. : 9594222943