



CHALLAN
MTR Form Number-6



GRN	MH013209534202425U	BARCODE			Date	26/12/2024-13:10:42		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					
							Words					
Total					60.00		Sixty Rupees Only					
Payment Details					STATE BANK OF INDIA							
Cheque-DD Details					FOR USE IN RECEIVING BANK							
Cheque/DD No.					Bank CIN		Ref. No.		00040572024122627358		CPAEPRFCY7	
					Bank Date		RBI Date		26/12/2024-13:24:11		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