



CHALLAN  
MTR Form Number-6



GRN	MH013652145202425U	BARCODE			Date	02/01/2025-13:18:56		Form ID																					
Department					Maharashtra Administrative Tribunal						Payer Details																		
Type of Payment					Original Application Fees					TAX ID / TAN (If Any)																			
					Cash Receipt of Record Room in Office which are ch					PAN No.(If Applicable)																			
Office Name					INCHARGE REGISTRAR MAT MUMBAI					Full Name					Shri. Sanjay Shankar Rathod														
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.					00040572025010276981					CPAEQLLTZ3				
Cheque/DD No.										Bank Date					RBI Date					02/01/2025-13:24:22					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