

## CHALLAN MTR Form Number-6



GRN MH013842288202425U BARCODE				Date	06/01/2025-13:55:04 <b>Form ID</b>				
Department Maharashtra Administrative Tribunal			Payer Details						
Original Application Fees  Type of Payment Cash Receipt of Record Room in Office which are ch			TAX ID / TA	N (If Any)					
			PAN No.(If A	pplicable)					
Office Name INCHARGE REGISTRAR MAT MUMBAI			Full Name	Full Name SMT. PRABHAVATI BHIKAJIRAO KORE			ORE		
Location MUMBAI									
<b>Year</b> 2024-2025 One Time			Flat/Block No.						
Account Head Details		Amount In Rs.	Premises/B	Premises/Building					
0070033201 Miscellaneous Receipts		60.00	Road/Street						
			Area/Locality						
			Town/City/District						
			PIN						
	Remarks (If Any)  Adv. Punam Mahajan I Adv. Kunal Tilak I Adv. Shrutika K. Tilak								
			Amount In	Sixty Rup	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.	00040572025010	660657	CPAEQV	YD01	
Cheque/DD No.			Bank Date	RBI Date	06/01/2025-13:24	:55	Not Verifi	ied with F	 ₹BI
Name of Bank			Bank-Brancl	Bank-Branch STATE BANK OF INDIA					
Name of Branch			Scroll No. , I	Date	Not Verified with Scroll				

Department ID: 9579546901