



CHALLAN
MTR Form Number-6



GRN	MH013877952202425U	BARCODE			Date	06/01/2025-18:56:47		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					Korabu Shabana									
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 I ADV. KUNAL TILAK I ADV. SHRUTIKA K.														
										TILAK														
										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.		00040572025010689866			CPAEQXDOR5							
Cheque/DD No.										Bank Date		RBI Date		06/01/2025-18:24:57			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