



CHALLAN
MTR Form Number-6



GRN	MH014080961202425U	BARCODE			Date	09/01/2025-17:12:16		Form ID										
Department					Maharashtra Administrative Tribunal						Payer Details							
Type of Payment					Original Application Fees Cash Receipt of Record Room in Office which are ch						TAX ID / TAN (If Any)							
											PAN No.(If Applicable)							
Office Name					INCHARGE REGISTRAR MAT MUMBAI						Full Name		Shubhangi Khalekar					
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.		00040572025010991582		CPAERFYAN1							
Cheque/DD No.					Bank Date		RBI Date		09/01/2025-17:24:13		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