



CHALLAN
MTR Form Number-6



GRN	MH014606360202425U	BARCODE			Date	20/01/2025-10:17:25		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		Dr. Smita Prabhakar Sagaonkar					
Location					MUMBAI													
Year					2024-2025 One Time						Flat/Block No.							
Account Head Details					Amount In Rs.						Premises/Building							
0070033201					Miscellaneous Receipts						105.00		Road/Street					
											Area/Locality							
											Town/City/District							
											PIN							
											Remarks (If Any)							
											Adv. Desai Legal							
											Amount In		One Hundred Five Rupees Only					
Total					105.00						Words							
Payment Details					STATE BANK OF INDIA						FOR USE IN RECEIVING BANK							
Cheque-DD Details					Bank CIN		Ref. No.		00040572025012097501		CPAESETSD2							
Cheque/DD No.					Bank Date		RBI Date		20/01/2025-10:24:18		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. : 9769817372