

CHALLAN MTR Form Number-6



Department Maharashtra Administrative Tribunal Payer Details Original Application Fees TAX ID / TAN (If Any) Type of Payment Cash Receipt of Record Room in Office which are ch TAX ID / TAN (If Any) Office Name INCHARGE REGISTRAR MAT MUMBAI Full Name Vishal Abhimanyu Sate					
Type of Payment Cash Receipt of Record Room in Office which are ch PAN No.(If Applicable)					
PAN No.(If Applicable)					
Office Name INCHARGE REGISTRAR MAT MUMBAI Full Name Vishal Abhimanyu Sat		PAN No.(If Applicable)			
	Full Name Vishal Abhimanyu Sable				
Location MUMBAI					
Year 2024-2025 One Time Flat/Block No.	Flat/Block No.				
Account Head Details Amount In Rs. Premises/Building					
0070033201 Miscellaneous Receipts 50.00 Road/Street					
Area/Locality					
Town/City/District					
PIN					
Remarks (If Any)	/ks (If Any)				
Amount In Fifty Rupees Only	fty Rupees Only				
Total 50.00 Words					
Payment Details STATE BANK OF INDIA FOR USE IN RECEIVING	FOR USE IN RECEIVING BANK				
Cheque-DD Details Bank CIN Ref. No. 00040572025020434	ef. No. 00040572025020434598 CPAETUIBV2				
Cheque/DD No. Bank Date RBI Date 04/02/2025-15:24:16	04/02/2025-15:24:16 Not Verified with F			RBI	
Name of Bank Branch STATE BANK OF IN	Bank-Branch STATE BANK OF INDIA				
Name of Branch Scroll No. , Date Not Verified with Scroll	Not Verified with Scroll				

Department ID :

Mobile No. : 9820908923