

CHALLAN MTR Form Number-6



			Date	12/02/2025-12:25:15 Form ID						
Department Maharashtra Administrative Tribunal		Payer Details								
Original Application Fees Type of Payment Cash Receipt of Record Room in Office which are ch		TAX ID / TAN (If Any)								
		PAN No.(If A	pplicable)							
Office Name INCHARGE REGISTRAR MAT MUMBAI		Full Name		Sanjay M. Bamane	9					
Location MUMBAI										
Year 2025-2026 One Time		Flat/Block N	No.							
Account Head Details Amount In Rs.		Premises/B	uilding							
0070033201 Miscellaneous Receipts 60.00		Road/Stree	t							
		Area/Locality								
		Town/City/I	District							
		PIN								
		Remarks (If Any)								
		Adv. Punam Mahajan								
		Amount In	Sixty Ru	v Rupees Only						
	60.00	Words								
Payment Details STATE BANK OF INDIA			FOR USE IN RECEIVING BANK							
Cheque-DD Details		Bank CIN	Ref. No.	0004057202502	00040572025021249895 CPAEUNFYX2					
		Bank Date	RBI Date	12/02/2025-12:2	4:26	Not Ve	rified w	vith F	RBI	
		Bank-Branch		STATE BANK OF INDIA						
e of Branch		Scroll No. , I	Date	Not Verified with Scroll						
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Department ID :

Mobile No. : 9579546901