



CHALLAN
MTR Form Number-6



GRN	MH016073133202425U	BARCODE			Date	13/02/2025-12:05:05		Form ID			
Department					Maharashtra Administrative Tribunal						
Type of Payment					Original Application Fees Cash Receipt of Record Room in Office which are ch						
Office Name					INCHARGE REGISTRAR MAT MUMBAI		Full Name		Pravin Sadashiv Patil		
Location					MUMBAI		Flat/Block No.				
Year					2024-2025 One Time		Premises/Building				
Account Head Details					Amount In Rs.		Road/Street				
0070033201					Miscellaneous Receipts		50.00		Area/Locality		
							Town/City/District				
							PIN				
							Remarks (If Any)				
							Desai Legal				
							Amount In		Fifty Rupees Only		
Total					50.00		Words				
Payment Details					STATE BANK OF INDIA		FOR USE IN RECEIVING BANK				
Cheque-DD Details					Bank CIN		Ref. No.		00040572025021324238		
Cheque/DD No.					Bank Date		RBI Date		13/02/2025-12:24:05		
Name of Bank					Bank-Branch		STATE BANK OF INDIA		CPAEUPVYT9		
Name of Branch					Scroll No. , Date		Not Verified with Scroll		Not Verified with RBI		

Department ID :

Mobile No. : 9769817372