




GRN MH016172032202425U		BARCODE 		Date 14/02/2025-15:49:39		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		SUMIT JAVHERI					
Location MUMBAI											
Year 2024-2025 One Time				Flat/Block No.							
Account Head Details		Amount In Rs.						Premises/Building			
0070033201 Miscellaneous Receipts		310.00		Road/Street							
				Area/Locality							
				Town/City/District							
				PIN							
				Remarks (If Any)							
				Amount In		Three Hundred Ten Rupees Only					
Total		310.00									
Payment Details STATE BANK OF INDIA				FOR USE IN RECEIVING BANK							
Cheque-DD Details				Bank CIN		Ref. No.		00040572025021425359		CPAEUTOQC9	
Cheque/DD No.				Bank Date		RBI Date		14/02/2025-15:24:50		Not Verified with RBI	
Name of Bank				Bank-Branch			STATE BANK OF INDIA				
Name of Branch				Scroll No. , Date			Not Verified with Scroll				

Mobile No. : 8425914701