



CHALLAN
MTR Form Number-6



GRN	MH016647281202425U	BARCODE			Date	24/02/2025-11:20:21		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		S T Kale	
Location				MUMBAI		Flat/Block No.			
Year				2024-2025 One Time		Premises/Building			
Account Head Details				Amount In Rs.		Road/Street			
0070033201				Miscellaneous Receipts		Area/Locality			
				60.00		Town/City/District			
						PIN			
						Remarks (If Any)			
						Adv. Punam Mahajan			
Total				60.00		Amount In		Sixty Rupees Only	
						Words			
Payment Details				STATE BANK OF INDIA					
Cheque-DD Details				FOR USE IN RECEIVING BANK					
				Bank CIN		Ref. No.		00040572025022470022	
Cheque/DD No.				Bank Date		RBI Date		24/02/2025-11:24:21	
Name of Bank				Bank-Branch		STATE BANK OF INDIA			
Name of Branch				Scroll No. , Date		Not Verified with Scroll			

Department ID :

Mobile No. : 9579546901