



CHALLAN
MTR Form Number-6



GRN	MH016609384202425U	BARCODE			Date	22/02/2025-14:42:43		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		Dr. Martand Arjun Jori					
Location				MUMBAI													
Year				2024-2025 One Time						Flat/Block No.							
Account Head Details				Amount In Rs.		Premises/Building											
0070033201				Miscellaneous Receipts		55.00		Road/Street									
						Area/Locality											
						Town/City/District											
						PIN											
						Remarks (If Any)											
						Desai Legal											
Total				55.00		Amount In		Fifty Five Rupees Only		Words							
Payment Details				STATE BANK OF INDIA						FOR USE IN RECEIVING BANK							
Cheque-DD Details				Bank CIN		Ref. No.		00040572025022242447		CPAEVOKVF2							
Cheque/DD No.				Bank Date		RBI Date		22/02/2025-14:24:43		Not Verified with RBI							
Name of Bank				Bank-Branch		STATE BANK OF INDIA											
Name of Branch				Scroll No. , Date		Not Verified with Scroll											

Department ID :

Mobile No. : 9769817372